

BEACON HEALTH

APPLICATION

It is the policy of BEACON HEALTH to provide equal employment opportunities for all applicants and employees without regard to race, color, religion, national origin, sex, veteran status, ancestry, age, handicap, marital status, or any other classification protected by federal, state or local law.

BEACON HEALTH'S policy is to follow the rules and regulations governing fair employment practices and provide fair and equal treatment to all employees and applicants. BEACON HEALTH respects every applicant's right to privacy and all inquiries will be treated with confidence. As a community mental health and substance abuse treatment agency, BEACON HEALTH has specific policies regarding employee and applicant honesty, performance, conduct, and attendance. Additionally, BEACON HEALTH reserves the right to investigate any unethical or illegal activities including, but not limited to, misappropriation of funds, falsification of records, the use or possession of alcohol or drugs while working, or working under the influence of drugs or alcohol, unexcused absences, and the like. According to our policies, involvement in such activities will result in disciplinary actions by BEACON HEALTH, which could include termination and prosecution. The employment relationship with BEACON HEALTH is at will, and employment can be terminated at any time, with or without cause and with or without notice at the option of either BEACON HEALTH or the employee. Questions about these policies may be addressed to a Personnel Representative of BEACON HEALTH. Please answer all questions completely and accurately. Incomplete applications will be rejected.

PERSONAL INFORMATION:

DATE: ___/___/___

Name: (Last, First, Middle)

Home Phone

Business Phone

Present Address: (Street, City, State, Zip)

Social Security Number: ____ - ____ - ____

Are you legally eligible for employment in the United States? Yes No
(Proof of citizenship or immigration will be required upon employment.)

How were you referred to BEACON HEALTH? Classified Ad (Which newspaper: _____)
 Internet TV Employment Other: _____

Have you ever worked under a different last name than currently used? Yes No
If yes, please state name _____

Have you ever been convicted of a criminal offense? Yes No
(NOTE: A conviction does not automatically disqualify an applicant from employment. The date, nature, and seriousness of the offense will be considered.) If answer is yes, indicate date(s) of conviction and the type(s) of offense(s):

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JOB REQUIREMENTS:

Position applied for: _____ Full Time Part Time

Indicate times you are available to work:
Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Salary requirements: (please specify) _____

Available employment date: ___/___/___

How many hours per week do you prefer? _____

Are there any limitations on your working hours? Yes No

If yes, explain: _____

Will you work:	Nights	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Saturday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Sunday	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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EDUCATION:

High School: Name: _____ Did you graduate? Yes No
Address: _____

College: Name: _____ Overall GPA: _____
Address: _____ Name of Degree: _____
Date Degree Obtained: ___/___/___

Other: Name: _____ Overall GPA: _____
Address: _____ Name of Degree: _____
Date Degree Obtained: ___/___/___

Are you currently licensed in the State of Ohio? Yes No
Please indicate license: _____ Date of Renewal: ___/___/___

Honors and Achievements: _____

Use the space provided to list additional interests, skills, or qualifications that you possess that you feel qualify you for the position for which you are applying. _____

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EMPLOYMENT:

Most Recent or Present Employment:

Employer: _____ Phone: _____

Title or Position: _____ Employment Dates:
From: ___/___/___
Reason for Leaving: _____ To: ___/___/___

Were you involuntary terminated from this position? Yes No

Next Previous Employment:

Employer: _____ Phone: _____

Title or Position: _____ Employment Dates:
From: ___/___/___
Reason for Leaving: _____ To: ___/___/___

Were you involuntary terminated from this position? Yes No

Other Employment:

Employer: _____ Phone: _____

Title or Position: _____ Employment Dates:
From: ___/___/___
Reason for Leaving: _____ To: ___/___/___

Were you involuntary terminated from this position? Yes No

Employer: _____ Phone: _____

Title or Position: _____ Employment Dates:
From: ___/___/___
Reason for Leaving: _____ To: ___/___/___

Were you involuntary terminated from this position? Yes No

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FOR THOSE APPLYING FOR A POSITION INVOLVING DRIVING:

1. Do you have a valid driver's license? Yes No
2. Please list any traffic offenses, citations, or convictions that you have received:

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CERTIFICATION:

Please read carefully. If you have any questions regarding this statement, please discuss them with a Personnel Representative before signing.

“I certify that the information contained in this application, and accompanying resume, if any, is true and complete to the best of my knowledge and understand that falsification, misrepresentation and/or omission of information is grounds for refusal to hire or, if hired, dismissal. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information that they may have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information unless otherwise indicated in the employment section of this application.”

Initials: _____

“In the event of my employment, I agree to conform to the rules and regulations of BEACON HEALTH and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by BEACON HEALTH at any time, at BEACON HEALTH'S sole option. I understand that this employment application and any other BEACON HEALTH documents are not contracts for employment, and that my employment and compensation will be employment at will and can be terminated at any time, at the option of either BEACON HEALTH or myself.”

Initials: _____

“I understand that medical examinations which are job-related and consistent with BEACON HEALTH'S business necessity may be required of me once I am employed. I also understand that BEACON HEALTH may maintain a restricted smoking environment.”

Initials: _____

Applicant's Signature

____/____/____
Date