

South Sound Behavioral Hospital Application for Employment

Personal Data								
Last Name	First Name			M.I.	Date of Application			
Address					Home Phone			
City, State, Zip Code					Daytime Phone No.			
Email Address					Mobile No.			
Position(s) applied for: 1. _____ 2. _____ 3. _____					Social Security No.			
If considered for the position applied for, does applicant have the ability to perform all job-related functions? Yes No					Are you 18 years of age or older? Yes No			
Have you previously been employed by this facility or any of its affiliates? Yes No If yes, location _____ From _____ to _____								
Work Hours/Shift Preferred Check all that apply	Full-Time	Part-Time	PRN	Temp.	Days	Evenings	Nights	Weekends
Overtime may be required from time to time. Will you be able to complete overtime work if required? Yes No All personnel are employed with the understanding that they have a means of transportation to get to work on time each day and when called in on short notice and will work the schedule assigned to meet the needs of the facility.								
Upon employment, are you able to submit verification of your legal right to work in the United States? Yes No Upon employment, you will be required to show proof of citizenship or alien registration receipt.								
How did you hear about our organization? Date available for employment?								

Education						
	Name of School	Location	Course of Study (Major)	Did you graduate?	Number of years completed	Degree or Diploma
High School				Yes No		
College				Yes No		
Graduate				Yes No		
Business/ Trade/ Technical				Yes No		

*All statements made by applicants for employment may be checked for accuracy.

Employment History

(Please complete the following beginning with your most recent position and going back for 10 years including any military service – please account for any breaks in employment on page 3)

Company Name	Dates Employed (Mo/Yr) From To
Address	Telephone ()
City, State, Zip	Hourly/Annual Pay Beginning Ending
Title/Position	Supervisor's Name and Title
Briefly describe your duties:	Person(s) we may contact for reference
Reason for leaving:	

Company Name	Dates Employed (Mo/Yr) From To
Address	Telephone ()
City, State, Zip	Hourly/Annual Pay Beginning Ending
Title/Position	Supervisor's Name and Title
Briefly describe your duties:	Person(s) we may contact for reference
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Address	Telephone ()
City, State, Zip	Hourly/Annual Pay Beginning Ending
Title/Position	Supervisor's Name and Title
Briefly describe your duties:	Person(s) we may contact for reference
Reason for leaving:	
Comments regarding breaks in employment:	
Have you ever been discharged or asked to resign from a job? Yes No If yes, please explain:	

Skills/Training
Special skills you possess or specific training received that are applicable to the positions being applied for:

Professional Registration/Licensure or Certification			
Type	State	ID No.	Expiration Date
Other states where formerly or currently registered? Is your professional license or registration currently suspended or revoked in any state? Yes No If yes, explain:			
Have you ever had a professional license or registration revoked in any state? Yes No If yes, explain:			

Certification

By signing this application, and as an applicant for employment, I understand and certify the following:

- The information given by me in this application is complete and true in all respects. Any omission, misrepresentation or falsification will preclude my application from further consideration and I will not be considered for one year from the application date. If employed, the subsequent disclosure of any omission, misrepresentation or falsification of information will result in the termination of my employment.
- South Sound Behavioral Hospital will make all necessary and appropriate investigations to verify the information contained herein. I authorize and consent to my current and former employers, educational institutions and/or persons or organizations named in this application to release information to this facility that may be required to make an employment decision.
- Nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between this facility and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promises or guarantees are binding upon this facility unless made in writing.
- If I am offered employment by this facility, my employment will be for no definite term and that either I or this facility will have the right to terminate the employment relationship at any time, without cause and with or without notice. I also understand that this status can only be altered by a written contract that is specific as to all material terms and is signed by me and the CEO of this facility.
- If I am offered employment, an investigative consumer report will be completed for employment purposes as appropriate to the position and upon my written authorization. I will have the right to make a written request for a complete and accurate disclosure.
- If I am offered employment, my employment is conditioned on the provision of satisfactory proof of my identity and legal authority to work in the United States and the satisfactory completion of a pre-employment drug screening for substance abuse.
- Any employee handbook or other personnel policies maintained by this facility do not constitute an employment contract, but are merely gratuitous statements of this facility's current policies.

Applicant Signature

Date

This application will remain active for a period of 90 days.

It is the policy of this facility to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, disability or any other legally protected status as required by federal or state law.

For Facility Use Only

_____ Notice/Authorization for Release of Information for Employment Purposes/Criminal History Report
_____ Drug Screening Authorization