

**EMPLOYMENT APPLICATION  
BEHAVIORAL HEALTH RESIDENTIAL FACILITY  
AN EQUAL OPPORTUNITY EMPLOYER**

Residential Facilities is an equal opportunity employer and in conformity with applicable laws. Residential Facilities does not discriminate based on color, religion, age, sex, sexual preference, national origin, marital status, veteran status, physical or mental disability, and any other impermissible criteria according to applicable law. No question on this application is intended to secure such information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. This application is valid for thirty (30) days. For consideration of employment opportunities after thirty (30) days, you must reapply.

**(PLEASE PRINT)**

**GENERAL INFORMATION**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

Telephone: Home: ( ) - - Work: ( ) - - Soc. Sec.#: - -

Have you ever been known by any other name? If yes, please list:

Do you have any relatives or any other member of the same household employed by Residential Facilities?

Yes  No

Have you filed an application here before? Yes  No

Have you ever worked here before? Yes  No

Have you ever been involuntarily terminated from employment? Yes  No

Have your professional license ever been revoked, suspended, limited, or not renewed? Yes  No

Have your clinical privileges at any institution ever been revoked? Yes  No

Have you ever been denied professional liability insurance? Yes  No

Have any professional liability suits or claims ever been filed against you? Yes  No

Has any malpractice claim ever resulted in a settlement or judgment against you? Yes  No

If yes or unsure, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status?

(Proof of citizenship or immigration status is required upon employment) Yes  No

Have you ever been convicted of a misdemeanor or felony, or are you presently formally charged with committing a criminal offense? (Responding "yes" will not necessarily disqualify applicant from employment.

Do not include any traffic violation, juvenile offenses, criminal charges that have been expunged, or military convictions, except by general court martial) Yes  No

If yes, please furnish details of conviction, offense, location, date, and sentence:

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT INFORMATION**

Date of application: \_\_\_\_\_ Position (s) applied for: \_\_\_\_\_

Referred by: \_\_\_\_\_ On what date would you be available for work? \_\_\_\_\_

Check the schedule you prefer to work: Full-Time  Part-Time  Pool

Saturday and Sunday availability is required by Residential Facilities. Are you available for weekends? Yes

No  If "No", please explain:

Are you available for overnight shifts? Yes  No

Are you 21 years or older? Yes  No

Minimum salary: \$ \_\_\_\_\_ Hourly \_\_\_\_\_ Weekly \_\_\_\_\_ Annually \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Start with your present or most recent job. Include military service, assignments, and volunteer activities. You may exclude organization names, which indicate race, color, religion, sex, age, sexual preference, veteran status, or national origin. Though you may attach a resume, all requested information not indicated within your resume must be provided in this section.

<b>1. Employer Name and Address:</b> _____ _____ <b>Telephone: ( ) _____ - _____</b>	Date Employed From: ___/___/___ To: ___/___/___	Job Title:
<b>Starting Salary:</b>	Work Performed:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Reason for Leaving:	
<b>2. Employer Name and Address:</b> _____ _____ <b>Telephone: ( ) _____ - _____</b>	Date Employed From: ___/___/___ To: ___/___/___	Job Title:
<b>Starting Salary:</b>	Work Performed:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Reason for Leaving:	
<b>3. Employer Name and Address:</b> _____ _____ <b>Telephone: ( ) _____ - _____</b>	Date Employed From: ___/___/___ To: ___/___/___	Job Title:
<b>Starting Salary:</b>	Work Performed:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Reason for Leaving:	

If you need additional space, please continue on a separate sheet of paper.



**RESIDENTIAL FACILITIES HOMES AUTHORIZATION**

I hereby affirm that the facts contained in this application are true, correct, and complete to the best of my knowledge. I have not witnessed any fact or circumstance that would, if discovered, affect my application unfavorably. I understand that the misrepresentation or omission of a fact called for in this application or other company records may cause for immediate dismissal.

I further authorize this company to verify any and all information herein. This includes the investigation of references and employers listed within to provide you all information concerning my previous employment and other pertinent information.

I understand an offer of employment may be conditional on results of a medical examination and drug/alcohol test. Successful completion of the employment process will require verification of entitlement to work in the United States. I also understand that I may be required to provide verification of information reported on this form.

If employed by this facility, I will comply with all rules, regulations, instructions, and policies set forth and communicated by the facility. I further understand that said rules, regulations, instructions, and policies shall be subject to modification or discontinuance at any time and without advance notice.

I hereby authorize and permit Residential Facilities, to hereafter investigate and disclose information contained in this application and such additional information regarding my employment with Residential Facilities to any person, firm, or organization (e.g., State Police re: criminal check). I also release the company from all liability for any damage that may result from utilization on such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing unless it is written and signed by an authorized company representative. I also understand if I should become employed by the company that my employment is at-will and can be terminated by the company or me at any time without cause and without notice.

I hereby acknowledge that I have read all of the above statements and understand the same.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPLICANT-Do Not Write Below This Line  
FOR INTERVIEWER’S USE ONLY**

Department: \_\_\_\_\_

Position: \_\_\_\_\_

Starting Date: \_\_\_\_\_

Starting Salary: \_\_\_\_\_

Full Time: \_\_\_\_\_

Part Time: \_\_\_\_\_