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# Application Pack Instructions

Dear Potential Candidate:

I am excited to see your interest in A Better U Behavioral Health. Please review the information below, complete the listed items, and return them to us at your earliest convenience.

- Application for Employment (1)
- Personal Reference Letters (Family, Friends, Neighbors, etc.) Letters should include contact information for the Individual providing the reference. (3)
- Resume (1)
- Addendum to Application Form, For Licensed/Certified Position (1)
- Applicant Waiver Form (1)
- Substance Abuse Policy, Applicant Acknowledgement, Release, and Consent (1)
- Recruitment Consent (1)
- Professional Reference Letters (Family, Friends, Neighbors, etc.) Letters should include contact information for the individual providing the reference. (3)
- Pre-Employment Mail Reference Check (1)

Complete all the forms (except the pre-employment mail reference) as soon as possible and return to:

Director of Human Resource  
3094 W Market Ste 343  
Fairlawn, OH 44333

**Or**

Email Electronic Packet To  
Human Resources  
at

[humanresources@abetteru.info](mailto:humanresources@abetteru.info)

Please forward the three pre-employment professional reference forms to the individuals you selected as professional references. Have the individuals email the references back to **humanresources@abetteru.info** once completed.

If you are applying for a professional clinical position with us, your returned packet must also include the following:

- A copy of your current clinical license
- A copy of any current pertinent certifications or licensures
- A copy of the University Diploma(s)



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## APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

**Date of Application** \_\_\_\_/\_\_\_\_/\_\_\_\_

**How Did You Learn About Us?** Advertisement ☐

**Employment Agency** ☐ **Relative** ☐ **Friend** ☐ **Inquiry** ☐ **Other** \_\_\_\_\_

	<b>Personal Information</b>	<b>D.O.B. :</b> _____
<b>Full Name :</b> _____ <b>Social Security No.</b> _____		
<b>Email :</b> _____	<b>Zip :</b> _____	<b>City :</b> _____ <b>State :</b> _____
<b>Address :</b> _____		<b>Phone no. :</b> _____

	<b>Applying For</b>	
<b>Position Applying for :</b> _____		<b>Start Working From (Date) :</b> _____
<b>Are You legally authorized to work in the U.S?</b> _____		<b>Salary Desired :</b> _____
<b>Wants To apply as :</b> <input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Seasonally		

	<b>Education</b>	
<b>High School :</b> _____	<b>Location :</b> _____	<b>Graduated</b> <input type="radio"/>
<b>Trade School :</b> _____	<b>Location :</b> _____	
<b>Course of Study:</b> _____	<b>Number of Years Completed:</b> _____	<b>Graduated</b> <input type="radio"/>
<b>College:</b> _____	<b>Location :</b> _____	
<b>Course of Study:</b> _____	<b>Number of Years Completed:</b> _____	<b>Graduated</b> <input type="radio"/>
<b>Graduate School:</b> _____	<b>Location :</b> _____	
<b>Course of Study:</b> _____	<b>Number of Years Completed:</b> _____	<b>Graduated</b> <input type="radio"/>



# EMPLOYMENT HISTORY

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer	_____	Date Employed	____/____/____ to ____/____/____
Address	_____	Hourly Salary	_____
Phone Number	_____	Reason For Leaving	_____
Job Title	_____		
Supervisor	_____		
Work Performed:			

Employer	_____	Date Employed	____/____/____ to ____/____/____
Address	_____	Hourly Salary	_____
Phone Number	_____	Reason For Leaving	_____
Job Title	_____		
Supervisor	_____		
Work Performed:			

Employer	_____	Date Employed	____/____/____ to ____/____/____
Address	_____	Hourly Salary	_____
Phone Number	_____	Reason For Leaving	_____
Job Title	_____		
Supervisor	_____		
Work Performed:			



# PERSONAL REFERENCES

## 1. Reference

**Name:** \_\_\_\_\_

**Address** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

## 2. Reference

**Name:** \_\_\_\_\_

**Address** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

## 3. Reference

**Name:** \_\_\_\_\_

**Address** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_





## SKILLS/ QUALIFICATION

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Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

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Describe any job-related training received in the United States military.

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**Other Qualifications :** Summarize special job-related skills and qualifications acquired from employment or other experience.

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**Specialized Skills:** Please list any equipment/computer program that you are skilled in.

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**State any additional information you feel may be helpful to us in considering your application.**

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**Note to Applicants:** DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB WHICH YOU ARE APPLYING FOR.

Can you perform the essential functions of the job you are applying for, either with or without a reasonable accommodation? \_\_\_\_\_ (Y/N)



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## ADDITIONAL INFORMATION

Best time to contact you at home: \_\_\_\_:\_\_\_\_ AM PM

If you are under 18 years of age, can you provide the required proof of your eligibility to work? \_\_\_\_  
(Y/N)

Have you ever filed an application with us before? \_\_\_\_ (Y/N)

If yes, give date \_\_\_\_\_

Have you ever been employed with us before? \_\_\_\_ (Y/N)

If yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than your spouse, work here? \_\_\_\_ (Y/N)

Are you currently employed? \_\_\_\_ (Y/N)

May we contact your present employer? \_\_\_\_ (Y/N)

Are you prevented from lawfully becoming employed in this country because of your Visa or Immigration Status?

Proof of citizenship or immigration status will be required upon employment. \_\_\_\_ (Y/N)

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work: Full-Time Part-Time Days Nights

Are you currently on “lay-off” status and subject to recall? \_\_\_\_ (Y/N)

Can you travel if a job requires it? \_\_\_\_ (Y/N)

Have you been convicted of a felony within the last five years? \_\_\_\_ (Y/N)

I certify that all answers and statements on this application are true and complete to the best of knowledge. I understand that, If any of the information provided above are false or misleading, my application may be rejected or my employment with this company terminated

**Date :** \_\_\_\_\_

**Signature :** \_\_\_\_\_



## APPLICANT'S STATEMENT

I hereby confirm that the responses provided in this document are accurate and comprehensive.

I grant permission for a thorough investigation of all statements included in this employment application, as necessary to make an informed hiring decision.

This application for employment will remain active for a duration not exceeding 45 days. If any applicant seeks employment consideration beyond this period, it is recommended to inquire about the current status of application acceptance.

I comprehend and acknowledge that, unless otherwise stipulated by relevant law, any working relationship with this organization is inherently "at will." This signifies that the Employee retains the right to resign at their discretion, and similarly, the Employer holds the authority to terminate the Employee's contract, with or without justification. Furthermore, I understand that this "at-will" employment arrangement cannot be altered by any written document or conduct, except if such modification is explicitly recognized in writing by an authorized executive within this organization.

Should I become employed, I am aware that furnishing false or deceptive information during the application or interview process may lead to termination. I also acknowledge my obligation to adhere to all the rules and regulations established by the employer.

**Date :** \_\_\_\_\_

**Signature :** \_\_\_\_\_

### FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) applied for is open \_\_\_\_\_ (Y/N)

Position(s) considered for \_\_\_\_\_

Arrange interview \_\_\_\_\_ (Y/N)

Remarks \_\_\_\_\_

\_\_\_\_\_

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Employed \_\_\_\_\_ (Y/N) Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_

Department \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_





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## ADDENDUM TO APPLICATION FORM

**(FOR APPLICANTS FOR LICENSED/CERTIFIED POSITIONS)**

**What license/certifications do you currently hold?**

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**Are you currently a resident in a Psychiatry Program? YES ☐ NO ☐ If yes, please give the expected date of completion or date of graduation from the program.**

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**Are you now or have you ever been the subject of an investigation by a licensure certification board or other similar agency? YES ☐ NO ☐ If yes, describe the nature of each investigation, the agency involved, any case or file number, and the outcome of each investigation.**

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**Have you ever been denied a license or certification, or has any license or certification you held been suspended or revoked? YES ☐ NO ☐ If yes, provide the date(s) of each suspension or revocation, the reasons for suspension, and revocation, any case or file numbers, and the current status of the particular license or certification.**

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**Applicant's Name (Please Print)**

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**Applicant's Signature**

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**Date**





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## APPLICATION WAIVER

### **AUTHORIZATION TO OBTAIN CONSUMER REPORT PURSUANT TO 15 U.S.C. §1681b(b)(2)(B)**

In connection with my application for employment (including contracts for services), I understand and authorize A Better U to obtain a background report for employment purposes. I understand that this inquiry may include, but is not limited to: criminal records, motor vehicle records, credit records, address verification, social security verification, civil court records, bankruptcy records, personal or professional references, education verification, and copies of prior personnel files. An inquiry may be made as part of a pre-employment screening process.

I AUTHORIZE, WITHOUT RESERVATION, ANY PART OR AGENCY CONTACTED ON BEHALF OF A BETTER U TO FURNISH THE ABOVE-MENTIONED INFORMATION AND RELEASE THAT PARTY FROM ANY LIABILITY AND RESPONSIBILITY FOR DOING SO. A COPY OF THIS AUTHORIZATION SHALL HAVE THE SAME AUTHORITY AS THE ORIGINAL.

I hereby release and discharge A Better U and their employees, agents, successors, and assigns from any and all liability that may arise out of the investigation of my background as set forth herein. Use of date of birth is for identification purposes only and will be used only by the Consumer Reporting Agency to obtain background information about you. Consistent with its equal employment policies, A Better U will not consider this date of birth for the purposes of making any hiring decision.

**This authorization and disclosure is pursuant to the Fair Credit Reporting Act, 15 U.S.C. § 1681 b(b)(2)(8).**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Authorizing Consumer: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License (Optional): \_\_\_\_\_

Signature of Authorizing Consumer: \_\_\_\_\_



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# SUBSTANCE ABUSE POLICY

## APPLICANT ACKNOWLEDGMENT, RELEASE AND CONSENT

I agree that as a condition of applying for and, if offered, accepting employment at A Better U, I will be subject to the Company's policy regarding substance abuse. Specifically, as a condition for consideration of my application for employment, I agree to undergo testing for prohibited drugs and/or alcohol. I further understand and agree that if employed, as a condition of my employment, I will be required to submit to testing for drugs and/or alcohol under the following circumstances:

1. I am discovered using, possessing, or distributing prohibited drugs or alcohol in violation of the Company's Substance Abuse Testing or Drug-Free Workplace Policy.
2. I am involved in an on-the-job accident that results in injury to me or any other individual that requires medical treatment or which results in damage to Company property.
3. I commit an unsafe act that endangers the lives or safety of other employees, clients, or other individuals or endangers Company property.

I understand that the purpose of the drug/alcohol testing is to determine or rule out the presence of prohibited substances in my body for performance and safety reasons. I understand that if employed, as a condition of employment, if I refuse to comply with the company substance abuse policy, I will face disciplinary action, up to and including termination.

Prohibited drugs are defined to include:

1. Controlled substances include, but are not limited to, amphetamines, barbiturates, benzodiazepines, cannabinoids (marijuana), cocaine, phencyclidine (PCP), opiates, and methaqualone.
2. Prescription drugs that have not been specifically prescribed by a licensed physician, prescribed for the employee, or are not being used for or in the manner prescribed.
3. Over-the-counter medications which are not being used for or in the manner recommended.

I understand that once I am an employee of A Better U and should the results of the initial drug/alcohol screening be positive, I may request that confirmatory testing be done by the Company's designated laboratory at my expense. If the confirmatory test is negative, the Company will reimburse me for the cost of the confirmatory test.

I understand that pursuant to Company policy, the Company may search me and my property if reasonable suspicion exists to believe that I have violated the Drug-Free Workplace or Substance Abuse Testing Policies. As a condition of employment, I consent to all such searches.

I consent to and authorize A Better U and any physician, laboratory, hospital, or medical professional retained by A Better U to both conduct such testing and to provide the results to A Better U. I release A Better U, their employees, agents, contractors, and successors, and assigns from any liability whatsoever arising from the request to undergo drug/alcohol testing, the testing procedures and any decisions made concerning continued employment based upon the results of the test conducted.

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**Applicant's Name (Please Print)**

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**Applicant's Signature**

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**Date**





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## RECRUITMENT QUESTIONNAIRE

Please answer the following questionnaire when completing the employment application.

1) How did you hear about our opening?

- ☐ a. Newspaper
- ☐ b. Friend
- ☐ c. Worked here through an employment agency
- ☐ d. Job posting
- ☐ e. Other - If other, please state where or how

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2) If you heard about us through a Help Wanted advertisement, please tell us which paper or website you saw our ad in.

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3) What are some of the things mentioned in our ad that attracted you to our facility?

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4) Are you currently applying at other facilities?      Yes ☐      No ☐

5) As an applicant looking for employment, what are the things e.g. pay, benefits, hours, etc. of this facility that are important when basing your decision as to where you will apply? Please be specific.

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## PROFESSIONAL REFERENCES

**Applicant Name:** \_\_\_\_\_

**Position Applied For:** \_\_\_\_\_

Three pre-employment professional reference checks are required for employment at A Better U. Please complete the following to advise the Human Resources Department, whom you have requested to complete your pre-employment reference checks to complete your application packet.

PROFESSIONAL REFERENCE NAME, ADDRESS, EMAIL AND PHONE NUMBER:

**Reference #1**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**Reference #2**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**Reference #3**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**FOR HR USE ONLY**

Reference #1 Date Received: \_\_\_\_\_

Reference #2 Date Received: \_\_\_\_\_

Reference #3 Date Received: \_\_\_\_\_





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## PRE-EMPLOYMENT MAIL REFERENCE CHECK

Dear Sir/Madam:

One of your professional Acquaintances/former employees has recently applied for a position with our Company. We ask that you verify the information below as soon as possible. THIS INFORMATION WILL BE KEPT CONFIDENTIAL. Thank you for taking the time needed to complete this form.

Sincerely,  
Yavette Manley  
Human Resource Director  
yavette.m@abetteru.info

### Candidate Information:

Full Name of Candidate: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Date of Reference: \_\_\_\_\_

### Reference Information:

Name of Reference: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Relationship to Candidate:

How do you know the candidate? \_\_\_\_\_

Duration of Working Relationship: \_\_\_\_\_

### Candidate Evaluation:

Please rate the applicant on a scale of 1-5. 1=Unsatisfactory 2=Needs Improvement 3=Average 4=Good 5=Outstanding

\_\_\_\_\_ Attendance

\_\_\_\_\_ Cooperation

\_\_\_\_\_ Initiative

\_\_\_\_\_ Productivity

\_\_\_\_\_ Job Knowledge

\_\_\_\_\_ Reliability

\_\_\_\_\_ Quality of Work

\_\_\_\_\_ Communication

\_\_\_\_\_ Creativity

### Work Performance:

1. Punctuality and Attendance:

2. Contributions to Projects or Achievements:

### Character and Professionalism:

1. How would you describe the candidate's interpersonal skills and professionalism?

2. Comments on the candidate's ethics, integrity, and cultural fit within an organization:

### Strengths and Weaknesses:

1. What are the candidate's key strengths?

2. Areas where the candidate could improve:

### Overall Recommendation:

Would you hire the candidate again or recommend them to others?

☐ Yes ☐ No ☐ Neutral

### Additional Comments:

Please provide any additional comments or information about the candidate's qualifications, experiences, or other relevant information:

Signature of Reference: \_\_\_\_\_

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

Thank you for taking the time to complete this reference form. Your feedback is valuable in helping us make informed hiring decisions.