

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

P	Last Name	First	Middle	Date
	Street Address			Home Phone ()
E	City, State, Zip			Business Phone ()
R	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____			Social Security No.
S	Position Desired			Pay Expected
O	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
N	Are you legally eligible for employment in the United States?			When will you be available to begin work?
A	Other special training or skills (languages, machine operation, etc.)			
L	How did you learn of our organization?			

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree/Diploma
College					
High					
Elementary					
Other					

Membership in Professional or Civic Organizations (Exclude those which may disclose your race, color, religion or national origin)

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed (Month & Year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work	Reason for Leaving
2	Company Name	Telephone ()
	Address	Employed (Month & Year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work	Reason for Leaving
3	Company Name	Telephone ()
	Address	Employed (Month & Year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work	Reason for Leaving
4	Company Name	Telephone ()
	Address	Employed (Month & Year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work	Reason for Leaving
5	Company Name	Telephone ()
	Address	Employed (Month & Year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work	Reason for Leaving
	Company Name	Telephone ()
	Address	Employed (Month & Year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do not contact employer(s) number: 1 2 3 4 5 (Circle all that apply)

Reason: _____

MILITARY

COMPLETE THIS SECTION IF YOU SERVED IN THE U. S. ARMED FORCES	Branch of Service
Describe your duties and any special training	Period of Active Duty (Month & Year) From _____ To _____
	Rank at Discharge
	Date of Final Discharge

Are you over 18 years of age? Yes No
If not, employment is subject to verification of minimum legal age.

Have you ever been bonded?
 Yes
 No if Yes, with what employer? _____

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes No If Yes, describe in full.

State names of relatives and friends working for us other than your spouse.

Are you able to perform the tasks identified in the job description for the position you are applying for with or without accommodation? Please describe

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decided to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date

Signature

REFERENCES

List persons, other than relatives, who are qualified to evaluate your capabilities:

NAME	TELEPHONE	OCCUPATION	YEARS KNOWN

APPLICANT ACKNOWLEDGEMENT

_____ I understand that, as part of my application for employment, at any time during the course of such employment, I may be required to be examined concerning my ability to perform any job in a manner that does not endanger my own health or safety or the health or safety of others. I authorize all providers of health care who examine me to disclose to my employer or any of its agents, representatives and employees, including attorneys, all medical information revealed during such examinations. I further authorize my employer to disclose such information to any other persons if at any time my medical condition is put at issue in any proceeding by myself or others. I understand this Authorization will remain valid for five (5) years from the date of this application, and that if I become unemployed, this Authorization will remain in effect for five (5) years after my employment terminates. I understand that I have the right to receive a copy of this Authorization.

_____ Any acceptance of employment will be predicated upon the truthfulness of the written and verbal statements contained within this application and pre-employment process. I understand that should my employer find that any statement I have made is not truthful, any job offer extended to me will be withdrawn and, if employed, I may be subject to dismissal.

_____ I authorize BSSW to make any lawful investigation deemed necessary for employment consideration and promotion within the organization.

_____ I understand this employment application is not to be construed as a guarantee of employment for a specific time. I further understand that my employment with BSSW does not constitute any form of contract, implied or expressed, and such employment will be terminable at will either by myself or my employer upon notice of one party to the other. My continued employment is dependent on satisfactory performance and the continued need for my services as determined by BSSW.

_____ I grant BSSW approval, after my termination of employment, to release information which it may deem appropriate regarding my employment with or termination from the organization, to anyone who has a reasonable basis for making such inquiry. So long as the information disclosed is not known by BSSW to be inaccurate, BSSW shall not incur legal liability of any nature in connection with the furnishing of such information.

_____ I understand that my application for employment will be placed in an active status for a period of six (6) months during which time it will be reviewed as job openings occur in my area(s) of job interest. I also understand that should I wish to continue being considered for job openings beyond the six (6) month period, I must reapply by either submitting a new application for employment or by submitting a letter requesting renewal of my application and including an update of my qualifications (recent work history, educational achievements, etc.).

_____ I acknowledge that I have read all of the above statements and that I understand them.

Signature of Applicant

Date

APPLICATION QUESTIONNAIRE

PLEASE COMPLETE THE FOLLOWING:

1. What experience and/or education do you have that qualified you to work for Behavioral Systems Southwest, Inc.?
2. How well do you work in chaotic situations? Explain.
3. What are your liabilities (weaknesses)?
4. What are your assets (strengths)?
5. What would you do if a fire started while you were on duty?

BACKGROUND INFORMATION

The answers to the questions on this form will enable us to expedite your background clearance.

1. Do you have a criminal record? If yes, please list all misdemeanors, felonies, and arrests even if not convicted.

2. Are you on probation or parole?

3. What is the current status of your DMV record? Please list any vehicle code violations received in the past three years including suspensions or revocations.

4. Have you ever received in-patient or out-patient treatment for an emotional disorder? If so, when?

5. Has the use/abuse of alcohol ever caused you problems in your life, such as loss of employment, family stress or drunk-driving arrest? Have you ever been treated for alcoholism? If so, when?

6. Have you ever been dependent and/or addicted to any prescription drug, narcotic, and/or any other illegal drug? Have you ever received treatment for drug abuse? If so, when?

7. Do you have any physical disorder or handicap that may impair your work performance? If yes, please explain how we can accommodate you.

8. Have you ever been administratively reprimanded or suspended for sexual abuse or harassment?

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The information provided here is true, correct, and complete. If employed, any misstatement or omission of fact may result in my dismissal.

Signature of Applicant/Employee

Date

Signature of Witness

Date