



APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Position Sought:

How did you learn about the position?

Name _____ Date _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Office Phone _____ Other Phone _____
 Email Address _____ Social Security Number _____
 On what date would you be available for work? _____ Desired Wage/Salary _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? Yes No
 Have you ever been convicted of a felony? Yes No If yes, please describe circumstances:

Have you ever been involuntarily terminated or asked to resign from any position of employment? Yes No
 If yes, please describe circumstances:

If selected for employment, are you willing to submit to a pre-employment drug screening test? Yes No

AVAILABILITY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours Available							

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held:

EMPLOYMENT (Most Recent First)

1. Employer _____ Job Title _____
 Dates Employed _____ Prior Position Held within Company (if any): _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Supervisor _____
 Starting Salary _____ Ending Salary _____
 Duties Performed _____
 Reason for Leaving _____

2. Employer Job Title
 Dates Employed Prior Position Held within Company (if any):
 Address City State Zip
 Phone Supervisor
 Starting Salary Ending Salary
 Duties Performed
 Reason for Leaving

3. Employer Job Title
 Dates Employed Prior Position Held within Company (if any):
 Address City State Zip
 Phone Supervisor
 Starting Salary Ending Salary
 Duties Performed
 Reason for Leaving

4. Employer Job Title
 Dates Employed Prior Position Held within Company (if any):
 Address City State Zip
 Phone Supervisor
 Starting Salary Ending Salary
 Duties Performed
 Reason for Leaving

REFERENCES

List three personal references, not related to you, who have known you for more than one year.

Name		Phone		Years Known
Address	City		State	Zip
Name		Phone		Years Known
Address	City		State	Zip
Name		Phone		Years Known
Address	City		State	Zip

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date



BACKGROUND CHECK RELEASE FORM

Per OHFLAC regulation and WV State Code 64CSR11, all potential behavioral health employees are required to submit to a criminal background check prior to contact with a consumer. To be eligible for employment at a behavioral health center, your background check must be free from convictions of the following offenses:

Abduction, Any violent felony crime including but not limited to rape, sexual assault, homicide, felonious physical assault or felonious battery; Child/adult abuse or neglect; Crimes which involve the exploitation of a child or an incapacitated adult; Felony domestic battery or domestic assault; Felony arson; Felony or misdemeanor crime against a child or incapacitated adult which causes harm; Felony drug related offenses within the last 10 years; Felony DUI within the last 10 years; Hate crimes; Kidnapping; Murder/ homicide; Neglect or abuse by a caregiver; Pornography crimes involving children or incapacitated adults including but not limited to, use of minors in filming sexual explicit conduct, distribution and exhibition of material depicting minors in sexually explicit conduct or sending, distributing, exhibiting, possessing, displaying or transporting material by a parent, guardian or custodian, depicting a child engaged in sexually explicit conduct; Purchase or sale of a child; Sexual offenses including but not limited to incest, sexual abuse, or indecent exposure.

First Name

Full Middle Name (No Initials)

Last Name

Address:

City:

State:

Zip Code:

Home Phone:

Cell:

Social Security Number:

Date of Birth:

Have you been known by any other name? Yes No If yes, please list all other names, maiden and/or alias':

Have you lived in any state other than West Virginia? Yes No

If yes, list each state and the dates lived there.

State

Date

State

Date

State

Date

State

Date

I understand that an offer of employment from Starlight Behavioral Health Services will be contingent on the receipt and evaluation of the background check report. If SBHS hires me, it may request such additional reports about me for employment-related purposes during the course of my employment. I understand that if SBHS hires me, my consent will apply throughout my employment to the extent permitted by law. I have carefully read and understand this Background Check Consent Statement and, by my signature below, consent to the release of criminal and sex offender registry reports to Starlight Behavioral Health Services within the terms of this statement. This Background Check Consent Statement in original, faxed, photocopied, or electronic form will be valid for any such reports that Starlight Behavioral Health Services may request.

Signature

Date