Smokey Point Behavioral Hospital Application for Employment

Personal Data								
Last Name		First Nan	First Name N		M.I.	Date of Application		
Address						·	Home Phone	
City, State, Zip Code						Daytime Phone No.		
Email Address							Mobile No.	
Position(s) applied for: Social Security No. 1. 2. 3.					No.			
If considered for the position applied for, does applicant have the ability to perform all job-related functions? Yes No Have you previously been employed by this facility or any of its affiliates? Yes No If yes, location From to				Are you 18 years of age or older? Yes No				
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 including any military service – please account for any breaks in employment		
Company Name	Dates Employe From	d (Mo/Yr) To
Address	Telephone	
City, State, Zip	Hourly/Annual Beginning	Pay Ending
Title/Position	Supervisor's Na	ame and Title
Briefly describe your duties:	Person(s) we m	ay contact for reference
Reason for leaving:		

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

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

Туре	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	d certify the following:			
• The information given by me in this application is complete and true in a respects. Any omission, misrepresentation or falsification will preclude m application from further consideration and I will not be considered for or year from the application date. If employed, the subsequent disclosure of any omission, misrepresentation or falsification of information will result is the termination of my employment.	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, withou			
 Smokey Point Behavioral Hospital will make all necessary and appropriat investigations to verify the information contained herein. I authorize an consent to my current and former employers, educational institutions and/o persons or organizations named in this application to release information this facility that may be required to make an employment decision. 	d • If I am offered employment, an investigative consumer report will be completed for employment purposes as appropriate to the posi-			
• Nothing contained in this employment application or in the granting of a interview is intended to create an employment contract between this facilit and myself for either employment or for the providing of any benefit. N promises regarding employment have been made to me and I understand the no such promises or guarantees are binding upon this facility unless made in the such promises made in the best of the such promises made in the such promises or guarantees are binding upon this facility unless made in the such promises made in the such promises of guarantees are binding upon the such promises made in the such promises of guarantees are binding upon the such promises made in the such promises of guarantees are binding upon the such promises made in the such promises of guarantees are binding upon the such promises are binding upon the such promises made in the such promises of guarantees are binding upon the such promises are binding upon th	• 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-			
writing.	• 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