APPLICATION FOR EMPLOYMENT

Mountain Lakes Behavioral Healthcare
2409 Homer Clayton Drive
Guntersville, AL 35976

PLEASE PRINT

Position(s) Applied For _____ Date of Application _____

Referral Source

☐ Advertisement ☐ Employee ☐ Relative ☐ Government Employment Agency

☐ Walk-in ☐ Private Employment Agency ☐ Other _____

☐ Name of Source (If Applicable) _____

Name

Last_____First_____ Middle _____

Address

Street _____City/State _____Zip_____

Telephone Number_____ Social Security Number _____

E-mail Address_____ If necessary, best time to call you at home _____

May we contact you at work? ☐ Yes ☐ No   If yes, work number and best time to call: _____

If you are under 18, can you furnish a work permit? ☐ Yes ☐ No

Have you filed an application here before? ☐ Yes ☐ No   If yes, give date _____

Have you ever been employed here before? ☐ Yes ☐ No   If yes, give dates, From _____ to _____

Are you legally eligible for employment in this country? ☐ Yes ☐ No

Date available for work: _____

Type of employment desired: ☐ Full Time ☐ Part Time ☐ Temporary ☐ Educational Co-Op

Are you on lay-off and subject to recall? ☐ Yes ☐ No

Will you travel if job requires it? ☐ Yes ☐ No

Are you able to meet the attendance requirements of the position? ☐ Yes ☐ No

Would you agree to a drug screen both before and after employment? ☐ Yes ☐ No

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Company Name	Telephone
Address	Employed - (State month and year) **From** **To**
Name of Supervisor	Hourly rate/Salary Per_____ **Start** **Last**
State Job Title and Describe Your Work	Reason for Leaving:

Company Name	Telephone
Address	Employed - (State month and year) **From** **To**
Name of Supervisor	Hourly rate/Salary Per_____ **Start** **Last**
State Job Title and Describe Your Work	Reason for Leaving:

Company Name	Telephone
Address	Employed - (State month and year) **From** **To**
Name of Supervisor	Hourly rate/Salary Per_____ **Start** **Last**
State Job Title and Describe Your Work	Reason for Leaving:

Company Name	Telephone
Address	Employed - (State month and year) **From** **To**
Name of Supervisor	Hourly rate/Salary Per_____ **Start** **Last**
State Job Title and Describe Your Work	Reason for Leaving:

Comments (including explanation of any gaps in employment)

Skills and Qualifications. Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

Educational Background

A. List last three (3) schools attended, starting with last one. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any **D.** Major course of study.

A. School	B. # of Years Completed	C. Degree Diploma	D. Major	Date Graduated

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

References

List name and telephone number of three business / work references who are *not* related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known

List professional, trade, business, or civic associations and offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

List any additional information you would like us to consider.

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this Application and/or separation from the employer's service if I have been employed.

I give the Employer the right to investigate all references and secure additional information about me, including a criminal background check, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

If I am hired, I understand that I must furnish proof of my education as indicated on my application. I understand that I am free to resign at any time, with or without cause and without prior notice, and the Employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or defined duration. I understand that no representative of the Employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by the Executive Director of the Employer.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this Application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

Signature of Applicant: _____Date: _____

FOR EMPLOYER'S USE ONLY

Employee Reference Check *(Must check most recent employer)*

Employer	Person Contacted	Results

Completed By: _____Date: _____

Personal Reference Check

Organization	Offices Held

Completed By: _____Date: _____

Background Check

Agency	Completed By	Results

Date _____

MVR Check

_____ Insurable _____ Non-Insurable