



# Jamison Consultant's Behavioral Health Center, LLC

## APPLICATION FOR EMPLOYMENT

*The language used in this document does not create an employment contract between the employee and Jamison Consultants. This documents does not create any contractual rights or entitlements. The agency reserves the right to revise the content of this document, in whole or in part. No promises or assurances, whether written or oral, which are contrary to or inconsistent with the terms of this paragraph create any contract of employment.*

Position applying for: \_\_\_\_\_

Job Title \_\_\_\_\_

Agency: \_\_\_\_\_ Location \_\_\_\_\_

### Contact Information

Name \_\_\_\_\_ Former Last Name \_\_\_\_\_  
*First Middle Initial Last*

Mailing Address \_\_\_\_\_

Address \_\_\_\_\_  
*City County State Zip Code*

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

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Notification Preference \_\_\_\_\_ Mail \_\_\_\_\_ Email \_\_\_\_\_

### Other Personal Information

Do you possess a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, number \_\_\_\_\_

Expiration date \_\_\_\_\_ Class (Check One) \_\_\_\_\_ A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_ E \_\_\_\_\_ F \_\_\_\_\_ M \_\_\_\_\_ G

Can you, after employment, submit proof of your legal right to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you willing to relocate: \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, provide counties \_\_\_\_\_

What type job are you looking for? \_\_\_\_\_ Regular \_\_\_\_\_ Temporary \_\_\_\_\_ Seasonal \_\_\_\_\_ Internship

What types work will you accept? \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Per Diem

What shifts are you available to work? \_\_\_\_\_ Day \_\_\_\_\_ Evening \_\_\_\_\_ Night \_\_\_\_\_ Rotating \_\_\_\_\_ Weekends \_\_\_\_\_ On Call

### Education

High School Name \_\_\_\_\_ Location \_\_\_\_\_ Diploma \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Other

Give name and address of school, major course of study, and degree achieved.

Undergraduate College/University \_\_\_\_\_ Graduate School \_\_\_\_\_

Degree Attained \_\_\_\_\_ Degree Attained \_\_\_\_\_

Year \_\_\_\_\_ Year \_\_\_\_\_

### Additional Information

Certificates and Licenses \_\_\_\_\_

Additional Skills \_\_\_\_\_



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Please carefully read the following information:

In addition to evaluating you for the position for which you are applying, the following questions will provide us with statistics needed to evaluate our recruitment program, as well as to prepare statistics reports required by Federal, State and local agencies.

Have you ever been convicted of a criminal offense?  Yes  No

*Note: Omit minor vehicles violations and any offense committed before your 17<sup>th</sup> birthday, which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction is evaluated individually.*

If yes, please list charge(s) \_\_\_\_\_

Where Convicted \_\_\_\_\_ Date \_\_\_\_\_ Disposition/Status \_\_\_\_\_

Do you have any relatives employed with Jamison Consultants?  Yes  No If yes, please provide name(s) and relationship  
Date \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Have you ever been terminated or forced to resign from any job?  Yes  No If yes, please explain below. \_\_\_\_\_

Will you need reasonable accommodations to participate in the selection procedures (e.g., interview written tests or job demonstration)?  Yes  No If yes, contact Human Resources

Jamison Consultants actively supports the Family Independence Act by hiring welfare and food stamp recipients for certain jobs. Are you currently receiving AFDC benefits or food stamps?  Yes  No

Gender:  Female  Male Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ethnicity:  American Indian/Alaska Native  Asian  Black/African American  Hispanic/Latino  
 Native Hawaiian/Other Pacific Islander  Two or More Races  White

Signature \_\_\_\_\_ Date \_\_\_\_\_

Authority to Release Information: By my signature, I consent to release of information to authorized officers, agents, and employees of Jamison Consultants which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service, law enforcement records; and any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents and employees of Jamison Consultants to make inquiries of third parties. I further release the organization, educational entity, present and former employers, law enforcement organization, all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Certification of Applicant: By my signature, I affirm, agree and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an application of employment may be conditional upon acceptable information and verification from such employer prior to beginning work.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Give the names, address and phone number of two people, not relatives, who are familiar with your work.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_



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Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

## Work History

Describe your work experience in detail, beginning with your current or most recent job. Include military service (including rank) and job related volunteer work, if applicable. Provide explanation for any gaps in employment. All information in this section must be complete. A resume may be attached, but not substituted for completing this section. Should you need additional space, use the blank page at the end of this form.

Name of Present or Last Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Hours Per Week \_\_\_\_\_ Salary \_\_\_\_\_ Number Supervised \_\_\_\_\_

May we contact his employer?  Yes  No

Job Duties (Give Details) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name of Present or Last Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Hours Per Week \_\_\_\_\_ Salary \_\_\_\_\_ Number Supervised \_\_\_\_\_

May we contact his employer?  Yes  No

Job Duties (Give Details) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name of Present or Last Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Hours Per Week \_\_\_\_\_ Salary \_\_\_\_\_ Number Supervised \_\_\_\_\_

May we contact his employer?  Yes  No

Job Duties (Give Details) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

## Supplemental Information

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