



Behavioral Health Specialists Inc.
 900 West Norfolk Ave, Suite 200
 Norfolk, NE 68701
Employment Application

Behavioral Health Specialists, Inc. is an **Equal Opportunity Employer**. Federal, state and local laws prohibit discrimination based on Race, Color, Religion, Sex, National Origin, Age (as prescribed by law), Handicap, Disability, Ethnicity, Veteran Status, or Marital Status. As an Equal Opportunity Employer, your responses to the following questions will be judged on their relevance to the position you are seeking.

PERSONAL INFORMATION

Date	Where did you learn about this position?	Referred by:	
Last Name	First	M.I.	List any other names you have used or currently use (i.e. maiden name)
Street Address	City	State	Zip Code
Home Phone	Cell Phone	E-mail Address	
Are you at least 21 years of age?	Names of relatives employed by our company:		
Date Available	Social Security No.	Desired Salary	
Position Applied for	Full Time Y N	Part Time Y N	Temporary Y N
Can you, upon employment submit documented verification of your legal right to work in the United States and documentation verifying your identity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Only U.S. citizens or aliens who have a right to work in the United States are eligible for employment.
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?
Have you ever been dismissed or forced to resign from any employment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain?
Have you at any time been charged or arrested for a crime defined as a sex crime by state or federal law?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION

High School		Address	
	Did you graduate	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree Obtained	
College		Address	
From	To	Did you graduate	YES <input type="checkbox"/>
			NO <input type="checkbox"/>
		Degree Obtained	
College		Address	
From	To	Did you graduate	YES <input type="checkbox"/>
			NO <input type="checkbox"/>
		Degree Obtained	

PROFESSIONAL LICENSING *(List any professional license(s) that are related to the position for which you are applying and the State(s) in which licensed)*

REFERENCES (LIST TWO PROFESSIONAL REFERENCES AND ONE PERSONAL REFERENCE THAT IS NOT RELATED TO YOU)

Full Name	Relationship
Company	Phone ()
Address	E-mail Address
Full Name	Relationship
Company	Phone ()
Address	E-Mail Address
Full Name	Relationship
Company	Phone ()
Address	E-Mail Address

PREVIOUS EMPLOYMENT

Please list **ALL JOBS** for the **LAST SEVEN (7) YEARS** beginning with your present or last employer. Account for all time periods, including unemployment, self-employment, and military service.

Company	Phone ()
Address	Supervisor
Job Title	Starting Salary \$ Ending Salary \$
Responsibilities	
From To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone ()
Address	Supervisor
Job Title	Starting Salary \$ Ending Salary \$
Responsibilities	
From To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone ()
Address	Supervisor
Job Title	Starting Salary \$ Ending Salary \$
Responsibilities	
From To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

MILITARY SERVICE

Branch

From

To

Rank at Discharge

Type of Discharge

If other than honorable, explain

ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT

If employed by us, will you continue to receive other compensation of any kind from any other employer or entity for services to be concurrently performed on behalf of that employer or entity?

If yes, please list the employer:

If employed by us, will you be subject to any non-competition or non-solicitation provisions of an agreement with a prior employer?

If so, please explain:

Except for vacation, holidays, Family Medical Leave, Military Leave, Disability Leave, how many days were you absent during the past year?

BACKGROUND INFORMATION

Note: Answering "yes" to any of the questions below does not necessarily disqualify you from the position desired. Each action and explanation will be weighed and considered in relationship for the position for which you are applying.

Have you ever pled guilty, been convicted, entered a plea of no contest, had prosecution deferred or adjudication withheld for any crime except for violations of motor vehicle laws or ordinances?

If yes, please state the type of crime(s) and the circumstances with regard to each, including date of conviction or plea, punishment, deferred prosecution, deferred adjudication, and the city, county, and state where the criminal charges were brought.

Do you have any criminal charges presently pending against you?

If yes, please state the type of charges and the city, county, and state where the charges are pending.

Have any criminal charges been brought against you and then dismissed or withdrawn?

If yes, please state the circumstances as to each. Include the nature of the charge and the city, county, and state where the criminal charges were brought against you.

Have you ever been sued in a civil action for negligence, assault, battery, false imprisonment, infliction of emotional distress, libel, slander, defamation, or disparagement?

If yes, please state the circumstances, the city, county, and state where the lawsuit was brought, including a description of the nature of the action(s), the dates(s) allegedly committed, and the disposition of the action(s) in the space provided below.

List all violations of any motor vehicle laws or ordinances including speeding tickets (other than violations involving parking) of which you have been convicted, pleaded nolo contendere, had adjudication withheld, had prosecution deferred, or forfeited bond or collateral in the past five (5) years. If "none", so state.

Location (State)Date of Charge (Offense)Penalty (Points Received)

DISCLAIMER AND SIGNATURE

I UNDERSTAND that all statements made by me in connection with my application for employment may be checked by Behavioral Health Specialists, Inc. I authorize Behavioral Health Specialists, Inc. to provide truthful information concerning my employment with it to my future prospective employers. I agree to hold it harmless for providing such information, **including harmless from claims that Behavioral Health Specialists, Inc. was negligent or contributorily negligent.** Additionally, I UNDERSTAND further that any misstatements or omissions in this application may result in a decision not to hire me, or to discharge me if discovered after hire.

Initial that you have read and understand the above _____

If EMPLOYED, I agree to conform to the rules and regulations of Behavioral Health Specialists, Inc. I understand that as a condition of my employment and continued employment, I may be required to submit to, and do voluntarily agree to submit to any testing for the presence of drugs or alcohol, and to submit to any procedure to assess my qualifications for employment.

Initial that you have read and understand the above _____

If hired, I understand that both Behavioral Health Specialists, Inc. and I have the right to terminate my employment at any time with or without cause or notice. I understand that no employee of Behavioral Health Specialists, Inc. has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing either now, in the past or in the future. I further understand that this supersedes any prior oral or written understanding regarding my employment and bars any future oral understanding to the contrary.

Initial that you have read and understand the above _____

I ACKNOWLEDGE and AGREE that if at any time during the hiring process or during my employment I am subjected to any type of discrimination or harassment, I will contact Behavioral Health Specialists, INC. Human Resource Department immediately to obtain assistance in the resolution of such matters.

Initial that you have read and understand the above _____

Behavioral Health Specialists, Inc. utilizes a background and pre-employment investigation process. This process is intended to verify that you have provided complete and accurate information. Should this process determine that any inaccurate or incomplete information was provided by you, it may result in your being disqualified from employment with Behavioral Health Specialists, Inc. as an applicant, or may result in termination if the inaccuracies are discovered subsequent to your employment with Behavioral Health Specialists, Inc. Accordingly, Behavioral Health Specialists, Inc. strongly suggests that you do NOT complete this application until you have the time to provide accurate information. Behavioral Health Specialists, Inc. is an equal opportunity employer and will not discriminate against any employee or applicant for employment in any manner prohibited by law. If you feel you have been unfairly treated or discriminated against for any reason, please call this to the attention of the Behavioral Health Specialists, Inc's. Human Resources Department so that we may address your concerns.

Initial that you have read and understand the above _____

Employment is conditioned on the successful completion of the screening process. By signing this application, I represent that the information provided in this form is given voluntarily, may be used in filing reports required by state and federal agencies, and may be used for any other purpose not prohibited by law. Behavioral Health Specialists, Inc. requires all individuals who successfully complete the initial employment screening process to submit to a drug screening program, which may include the taking of blood, urine, hair and/or other body samples. Behavioral Health Specialists, Inc. reserves the right to require that all employees submit to drug and alcohol testing during the course of their employment. The result of such screening and testing will be initially disclosed to decision makers for Behavioral Health Specialists, Inc. and may be the basis for disqualifying a candidate for employment or for termination during employment. By signing this application, I agree if requested to submit to drug and/or alcohol screening, and further to hold Behavioral Health Specialists, Inc. and its employees harmless from any claims arising or resulting from drug and/or alcohol screening, including harmless from claims that Behavioral Health Specialists, Inc. was negligent or contributorily negligent. I further authorize my previous employers to release and forward all information on my Alcohol and Controlled Substance Testing/Training records, if any, to Behavioral Health Specialists, Inc. and/or to any investigative agency acting on behalf of Behavioral Health Specialists, Inc.

Initial that you have read and understand the above _____

I HEREBY REPRESENT AND WARRANT that I have read and fully understand the foregoing and seek employment under these conditions of my own free will and in accordance with my own judgment. This certifies that this application was completed by me, and that all entries and information in it are true and complete to the best of my knowledge.

Signature _____

Date _____