***Behavioral Health Clinic (BHC)***

***APPLICATION FOR EMPLOYMENT***

Equal Opportunity Employer: We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions or the position.

|  |
| --- |
| Date: |

PERSONAL INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Name (Last, First, Middle): | | | |
| Present Address: | City: | State: | Zip Code: |
| Home Phone: | Work Phone: | Cell Phone: | Email Address: |

EMPLOYMENT DESIRED

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Position Applying For: | { } Full-time  { } Part-time  { } Contractual | | Date Available: | Salary Desired: |
| Are You Employed?  { } Yes { } No | If Yes, may we inquire of your present employer? { } Yes { } No | | | |
| Have you ever been discharged or asked to resign from any previous employment?  { } Yes { } No  If Yes, please explain: | | | | |
| Have you ever applied to BHC before?  { } Yes { } No  If Yes, which position? | | How were you referred to us?  { } Job Portals { } Agency  { } Job Fair { } Walk-In  { } BHC Website { } Contacted by BHC HR  { } Employee Referral/Employee Name:  { } Other – Specify: | | |

WORK EXPERIENCE (List below the last four employers, starting with current employment first)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date, Month  and Year | Name and Address of Employer  (Include city, state, zip code, phone number) | Job Title | List Duties | Salary | Reason for Leaving |
| From |  |  |  |  |  |
| To |
| From |  |  |  |  |  |
| To |
| From |  |  |  |  |  |
| To |
| From |  |  |  |  |  |
| To |

VOLUNTEER WORK

|  |  |  |  |
| --- | --- | --- | --- |
| Date, Month  and Year | Name and Address  (Include city, state, zip code, phone number) | Role | List Duties |
| From |  |  |  |
| To |
| From |  |  |  |
| To |
| From |  |  |  |
| To |

MILITARY BACKGROUND (Leave blank if not applicable)

|  |  |  |
| --- | --- | --- |
| Branch of Service: | { } Army { } Air Force { } Navy { } Marines | |
| Are you currently serving? | { }Yes { } No | If Yes? { } Reserves { } National Guard |
| Are you a Combat Veteran? | { }Yes { } No | |
| Type of Discharge? |  | |

EMPLOYMENT/PROFESSIONAL REFERENCES (Give the names below of three persons not related to you, whom you have a professional working relationship with and have known for at least one year)

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address  (Include city, state, zip code, phone number) | Professional Relationship | Years Known |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

EDUCATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and Location of School  (Include city, state, zip code) | | Years Attended | Did You Graduate | Course of Study |
| Graduate School |  | From: |  |  |
| To: |
| College |  | From: |  |  |
| To: |
| Trade or Business School |  | From: |  |  |
| To: |
| High School |  | From: |  |  |
| To: |

PROFESSIONAL INFORMATION

|  |  |
| --- | --- |
| Professional Licensure(s): | Effective Date(s): |
| Certification(s): | Effective Date(s): |
| Out of State License(s): | |

‘UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQURE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILY OR A MISDEAMENOR AND SUBJECT TO A FINE NOT TO EXCEED $100.”

AUTHORIZATION:

“I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE BHC FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.”

\*REGULATIONS REQUIRE THAT YOU REPORT ANY AND ALL CRIMINAL HISTORY INCLUDING CONVICTIONS, PBJ, NOT CRIMINALLY RESPONSIBLE AND PENDING CHARGES. THE DETERMINATION OF EMPLOYMENT WILL BE MADE BASED ON YOUR QUALIFICATIONS AND PARTIALLY BASED ON ANY CRIMINAL HISTORY YOU MIGHT HAVE. HOWEVER, WE DO NOT RESTRICT EMPLOYMENT DUE TO A CRIMINAL HISTORY. A DECISION TO PROHIBIT EMPLOYMENT WILL BE BASED ON THE SEVERITY OF THE OFFENSE, HOW LONG AGO THE OFFENSE OCCURRED, AND ANY POSSIBLE IMPLICATIONS TO THE JOB FOR WHICH YOU ARE APPLYING. NONETHELESS, IF HIRED, FAILURE TO REPORT PAST OR FUTURE CRIMINAL ACTIVITY CAN RESULT IN TERMINATION OF YOUR EMPLOYMENT. IF HIRED, YOU WILL BE REQURED TO ALLOW US TO CHECK YOUR FEDERAL AND STATE CRIMINAL HISTORY.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF BHC HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FORGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED BHC REPRESENTATIVE.”

|  |  |
| --- | --- |
| Signature of Applicant: | Date: |

CRIMINAL BACKGROUND (You must report all criminal convictions, probation before judgement dispositions, not criminally responsible dispositions, and/or pending charges without a final disposition).\*

|  |  |  |
| --- | --- | --- |
| Offense/Charge | Disposition | Date of Disposition |
|  |  |  |
|  |  |  |
|  |  |  |