



## APPLICATION FOR EMPLOYMENT

*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. We are an equal opportunity employer.*

### PLEASE PRINT CLEARLY

Position(s) applied for:		
Date of Application		
Last Name:	First Name:	Middle Initial:
Telephone Number(s)		
Address:		
City:	State:	Zip Code:

Are you 18 years of age or older? Yes  No

Have you ever filed an application with us before? If Yes, give date: \_\_\_\_\_ Yes  No

Are you currently employed? Yes  No

Do you have a valid driver's license? Yes  No

Are you prevented from lawfully becoming employed in the country because of Visa or Immigration status? Yes  No

Are you related to anyone associated with our company? Yes  No

Are you available for work  Full Time  Part Time  PRN

Have you been convicted of a crime, either a misdemeanor or felony? Yes  No

Have you ever had an employment history of neglect, abuse of children or the disabled? Yes  No

Have you ever been convicted of abuse? Yes  No

If you answered yes to any of the last three questions, please explain: \_\_\_\_\_

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## EDUCATION AND TRAININGS

	SCHOOL NAME & ADDRESS	DATES ATTENDED	GRADUATE? Y / N	COURSE / DEGREE
<b>HIGH SCHOOL</b>				
<b>COLLEGE</b>				
<b>BUSINESS</b>				
<b>TECHNICAL</b>				
<b>GRADUATE</b>				

LIST SPECIFIC TRAININGS OR SPECIAL SKILLS THAT MAY ASSIST YOUR JOB PERFORMANCE. BE SURE TO INCLUDE ANY TRAINING THAT PERTAINS SPECIFICALLY TO THE HUMAN SERVICES FIELD.

- 1.
- 2.
- 3.
- 4.
- 5.



## WORK HISTORY

*\*If you have any previous work experience in the Human Services Field, please include them below\**

COMPANY:		PHONE: (    )	
ADDRESS:		SUPERVISOR:	
JOB TITLE:	DATE EMPLOYED FROM:	DATE EMPLOYED TO:	
MAY WE CONTACT EMPLOYER:    YES <input type="checkbox"/> NO <input type="checkbox"/>	STARTING SALARY: \$	ENDING SALARY: \$	
LIST MAJOR DUTIES:			
REASON FOR LEAVING:			

COMPANY:		PHONE: (    )	
ADDRESS:		SUPERVISOR:	
JOB TITLE:	DATE EMPLOYED FROM:	DATE EMPLOYED TO:	
MAY WE CONTACT EMPLOYER:    YES <input type="checkbox"/> NO <input type="checkbox"/>	STARTING SALARY: \$	ENDING SALARY: \$	
LIST MAJOR DUTIES:			
REASON FOR LEAVING:			

COMPANY:		PHONE: (    )	
ADDRESS:		SUPERVISOR:	
JOB TITLE:	DATE EMPLOYED FROM:	DATE EMPLOYED TO:	
MAY WE CONTACT EMPLOYER:    YES <input type="checkbox"/> NO <input type="checkbox"/>	STARTING SALARY: \$	ENDING SALARY: \$	
LIST MAJOR DUTIES:			
REASON FOR LEAVING:			



## References

*\*Please provide at least two professional references, others can be personal\**

NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

YEARS ACQUAINTED: \_\_\_\_\_

NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

YEARS ACQUAINTED: \_\_\_\_\_

NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

YEARS ACQUAINTED: \_\_\_\_\_

**Disclaimer and Signature:** I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Applicant Signature/Date: \_\_\_\_\_



By signing below, I authorize FOCUS Behavioral Health Services LLC to use its agents listed below:

**Burke Occupational, NCHCR, Dignostics, SBI and Concentra**

To verify all information given by me that pertains to my eligibility for potential employment. I fully understand the information will include but not limited to criminal record checks (statewide or Nationwide), Social Security verification, motor vehicle driving records, fingerprint reviews and drug testing. I hereby give permission to employers, agencies, and personal references with whom I am acquainted with to release any and all information re: work performance and history. Further, I release all parties (including FOCUS) and persons connected with any requests for information from all claims, liabilities and damages for whatever reason, arising out of furnishing any information. If employed, I release FOCUS from any liability for future references it may provide regarding my work history with FOCUS.

Due to the large number of applications that FOCUS received I understand that FOCUS cannot guarantee that my application will be considered for any or all open positions they may have or that my application will be considered for any specific time.

In the event of employment, I understand that I am required to abide by all current and subsequently issued rules and regulations of FOCUS and that my employment and compensation may be terminated, at any time, with or without notice, by either party.

First Name:	Middle:	Last:
List any other names used in last 7 years (maiden):		
Address:		
City:	State/Zip:	
County:	Social Security Number:	DOB:

**Office Use Only:**

- Statewide Criminal Records Report
- Nationwide Criminal Records Report (if applicable)
- Motor Vehicle Report
- Sex Offender Registry
- Fingerprint Report (if applicable)

Employee Signature/Date: \_\_\_\_\_