Application for Employment

*Woodward Academy is an Equal Opportunity Employer*

**PLEASE TYPE OR PRINT**. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (do not just indicate “See Resume.”)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Position Applying For: | Name (Last, First, Middle): | | | | | | |
| Street Address: | | | | City, State & Zip: | | | |
| Social Security Number: | | Primary Phone: | | | Alternative Phone: | | Email Address: |
| Are you 21 years of age or older? | | | Yes  No | | |  | |
| Have you ever been convicted of, pled guilty, had prosecution deferred, or plead no contest, to a felony or misdemeanor? Include convictions of DUI/DWI and driving with a suspended license.  **(A conviction will not necessarily disqualify you from the job for which you are applying)**  You are not required to disclose any erased, expunged, or pardoned convictions.  Yes No  If yes, when:  Where:  Please explain circumstances: | | | | | | | |
| Have you ever been employed by Vivant Behavioral Healthcare? | | | Yes No | | | If YES, give  Dates: From To | |
|  | | |  | | | Department: | |
| Do you have anyone related to you now in the employment of Vivant Behavioral Healthcare? | | | Yes  No | | | If YES, give  Name(s): | |
|  | | |  | | | Department(s): | |

**MILITARY SERVICE**

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| Have you ever served in any branch of the United States military and/or reserves?   Yes  No  If YES, Branch of Service:  Period of Active Duty:  Highest Rank Held:  Did you receive either a “bad conduct discharge” or “dishonorable discharge” from the military? Such a discharge will not necessarily disqualify you from the job for which you have applied.  Yes  No  If YES, please explain circumstances: |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of School | | City/State | **Did you graduate?** | **If No, # of years left to graduate** | **If Yes, date of Graduation** | **Degree Type** | **Major** |
| High School: |  | Yes  No |  |  |  |  |
| GED: |  | Yes  No |  |  |  |  |
| Undergraduate: |  | Yes  No |  |  |  |  |
| Graduate/Professional: |  | Yes  No |  |  |  |  |
| Other: |  | Yes  No |  |  |  |  |
| Certification/Licensure  **Please list all Professional Organizations and Associations:**    **Please list all Professional Certification and Licensure (organization, type, expiration):** | | | | | |  |

## EDUCATION

**HAVE YOU BEEN SUBJECT OF ANY ADVERSE ACTION(S) BY ANY DULY AUTHORIZED SANCTIONING OR DISCIPLINARY AGENCY FOR EITHER CONDUCT BASED OR PERFORMANCE BASED ACTIONS?**

**IF YES, PLEASE EXPLAIN.**

**SKILLS/EXPERIENCE**

Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

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**WORK HISTORY**

**Please list at least two previous employers even if you have provided a resume. The information provided by you in this section will be used to qualify you for employment. Failure to do so will limit your ability for employment.**

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| --- | --- | --- |
| Employed From:  Employed To: | Employment Status: | Job Title: |
| Starting Salary: | Name and Address of Company: | |
| Ending Salary: |
| Supervisor’s Name, Title and Phone #: | Other Name(s) Used: | May we contact this employer for a reference? |
| Job Duties and Responsibilities: | | Reason for Leaving: |

1. **Most recent employer:**

**2.**

|  |  |  |
| --- | --- | --- |
| Employed From:  Employed To: | Employment Status: | Job Title: |
| Starting Salary: | Name and Address of Company: | |
| Ending Salary: |
| Supervisor’s Name, Title and Phone #: | Other Name(s) Used: | May we contact this employer for a reference? |
| Job Duties and Responsibilities: | | Reason for Leaving: |

**3.**

|  |  |  |
| --- | --- | --- |
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| Starting Salary: | Name and Address of Company: | |
| Ending Salary: |
| Supervisor’s Name, Title and Phone #: | Other Name(s) Used: | May we contact this employer for a reference? |
| Job Duties and Responsibilities: | | Reason for Leaving: |

|  |  |
| --- | --- |
| **Discuss here any reason for lapse of employment:** |  |

**REFERENCES**

**Please provide four professional references (i.e. Supervisors, Co-workers, Teachers, etc.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Address | **Phone Number** | **Relationship** | **Email Address**  **(if known)** |
|  |  |  |  |  |
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**ADDITIONAL INFORMATION**

**Minimum Salary Desired:**

**When will you be available to begin work?**

**How did you find out about this position?**

**Which job status/shift would you accept? (please check all that apply)**

**Status**

Full-Time  Day

Part-Time  Evening

PRN/As Needed  Night

Flex Time  Weekend

Live-in

**Carefully Read this Section Prior to Providing Acknowledgement Below.**

I hereby affirm that information provided within this application, accompanying resume and all other supplemental information is **true and complete**. I acknowledge that any false or otherwise misleading representations or omissions made on said documents may disqualify me from further consideration for employment and may result in **discharge** even if discovered at a later date.

I understand that employment may be conditioned upon successfully passing a medical examination, and pre-hire drug screen as a condition of employment. Additionally, I understand that a criminal background review and drivers motor vehicle report may be obtained to satisfy employment requirements.

I hereby authorize persons, schools, current employers, previous employers and organizations to provide Vivant Behavioral Healthcare and/or affiliates with any requested information pertaining to my application or suitability for employment. I **release all such persons or entities** from any and all liability related to the providing or use of such information.

I understand that my **employment is at-will** which means that I am free to terminate the employment relationship at any time and for any reason with or without notice, and that the facility has the same right. I understand that no one has the authority to enter into any contrary agreement to the proceeding sentence, except for a written agreement signed by Vivant Behavioral Healthcare Chief Executive Officer and notarized.

**My typed name below shall have the same force and effect as my written signature.**

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