

## Application for Employment

*Vivant Behavioral Healthcare 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 (First, middle and last):		
Street Address:		City, State & Zip:	
Social Security Number:	Primary Phone:	Email address:	
<p>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.  <b>(A conviction will not necessarily disqualify you from the job for which you are applying)</b>                  You are not required to disclose any erased, expunged, or pardoned convictions.</p>			
			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please disclose when, where and explain circumstances: <hr/> <hr/> <hr/>			
Have you ever been employed by Vivant Behavioral Healthcare?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, give Dates: From _____ To _____	
		Department:	
Do you have anyone related to you now in the employment of Vivant Behavioral Healthcare?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, give Name(s): _____	
		Department(s): _____	

## MILITARY SERVICE

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 why? \_\_\_\_\_

## EDUCATION

Name of School	City/State	Did you graduate?	If No, how many years left?	If Yes, date of Graduation	Degree Type	Major
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Undergraduate:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Graduate/Professional:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No				

Certification/Licensure

**Please list all Professional Certification and Licensure (organization, type, expiration):**

**Disciplinary Actions: 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)

## 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.

### 1. Most recent employer:

Employed From: Employed To:	Employment Status:	Job Title:
Starting Salary:	Name and Address of Company:	
Ending Salary:		
Supervisor's Name and Phone #:	Other Name(s) Used:	May we contact this employer for a reference? If no, why?
Job Duties and Responsibilities:		Reason for Leaving:

### 2.

Employed From: Employed To:	Employment Status:	Job Title:
Starting Salary:	Name and Address of Company:	
Ending Salary:		
Supervisor's Name and Phone #:	Other Name(s) Used:	May we contact this employer for a reference? If no, why?
Job Duties and Responsibilities:		Reason for Leaving:

3.

Employed From: Employed To:	Employment Status:	Job Title:
Starting Salary:	Name and Address of Company:	
Ending Salary:		
Supervisor's Name and Phone #:	Other Name(s) Used:	May we contact this employer for a reference? If no, why?
Job Duties and Responsibilities:		Reason for Leaving:

<b>Discuss here any reason for lapse of employment:</b>
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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 \*youth counselor includes weekends
- Part-Time

- 7am-3pm (AM)
- 3pm-11pm (PM)
- 11pm-7am (Overnights)

**References:** Please provide at least two *professional* references (Supervisors, Co-workers, Teachers) and *one personal* reference.

Family members will not be accepted as professional references.

**MUST HAVE AT LEAST 3 REFERENCES!**

<b>First and last name</b>	<b>Phone Number</b>	<b>Relation</b>

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

I certify that all statements made on the employment applications or during the interview process about my previous work and educational and military histories are true to the best of my knowledge. I hereby authorize Woodward Academy to contact my past employers and references to obtain information about me. I agree to supply additional information as required. I understand that if any statements and/or information are found to be false or misleading; such falsification may be cause for disqualification or immediate dismissal.

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

\_\_\_\_\_ **Application Signature**

\_\_\_\_\_ **Date**



# Woodward Academy

1251 334<sup>th</sup> Street  
Woodward, IA 50276  
515-438-3481

To whom it may concern,

The individual listed below has applied for employment with Woodward Academy and has indicated they received a degree from your school. We would like to request that you provide the verification requested below in order for this person to meet the employment requirements for this agency. Thank you for your assistance!

Please fill out the information below and email or fax back to:

**Woodward Academy - Derek Hawk**  
**Email: derek.hawk@wwacademy.com**  
**FAX: 515-311-1120**  
**Phone: 515-438-3494**

***\*(Please list the highest level of education you have COMPLETED) \****

Full Maiden Name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

School Name: \_\_\_\_\_ City, State \_\_\_\_\_

Circle one: GED HS Diploma Associate Bachelor's Masters Graduate

Graduation Year: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Applicant authorization for release of information: \_\_\_\_\_  
Applicant Signature

## **SCHOOL VERIFICATION: TO BE COMPLETED BY THE SCHOOL**

\_\_\_\_\_  
Signature of Person Verifying Information & Title

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Address of School

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

Please Affix Seal



**PREVIOUS WORK OR VOLUNTEER EXPERIENCE WITH CHILDREN UNDER THE AGE OF 21:**

Please provide any experience regarding the supervision of youth (ages 0-21), including paid and volunteer experience providing social casework, therapy, or skill development services to children or families; supervision of children; and as other experiences providing direct care to children and families. You may include experience providing foster care, day care services to children, family-centered supervision services, and supervision provided in scouts and other youth activities where basic and social skills are taught. It does not include experience in a setting where the purpose of the service provided is to teach academic skills or activities engages in as part of a practicum or internship for academic credit.

**Raising your own children does not count either.**

The following are examples that you can include:

- o Youth coach for baseball, basketball, soccer, tennis, wrestling, etc.
- o Child care/babysitting
- o Youth Group Leader
- o Recess/Lunch room duty
- o Sunday School Teacher/Bible School Teacher
- o Boy/Girl Scouts or Brownies Advisor
- o Big Brother, Big Sister Programs
- o Instructor/Counselor at Summer Camp(s)
- o 4-H Leader
- o Special Olympics
- o Lifeguard/Swimming Lesson Instructor
- o Resident Hall Advisor at a College Dorm

Position: \_\_\_\_\_  
 Location (Town/City): \_\_\_\_\_ State: \_\_\_\_\_  
 Dates of Experience (Mo/Yr.): \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_  
 Average hours: \_\_\_\_\_ per week or \_\_\_\_\_ per month:  
 Contact Person: \_\_\_\_\_  
 Brief description of duties/responsibilities: \_\_\_\_\_  
 \_\_\_\_\_

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 Location (Town/City): \_\_\_\_\_ State: \_\_\_\_\_  
 Dates of Experience (Mo/Yr.): \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_  
 Average hours: \_\_\_\_\_ per week or \_\_\_\_\_ per month:  
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Position: \_\_\_\_\_  
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 Dates of Experience (Mo/Yr.): \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_  
 Average hours: \_\_\_\_\_ per week or \_\_\_\_\_ per month:  
 Contact Person: \_\_\_\_\_  
 Brief description of duties/responsibilities: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**Application Signature**

\_\_\_\_\_  
**Date**

