

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 Number:	Email Address:	
<p>Have you ever been convicted of, pled guilty, had prosecution deferred, or pled 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 required to disclose any erased, expunged, or pardoned convictions.</p>			
			Yes No
If yes, please disclose when, where and explain circumstances: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>			
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:	
		Names:	
		Department(s):	

Military Service:

Have you ever served in an 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 ever 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:		Yes No				
High School:		Yes No				
Undergraduate:		Yes No				
Graduate/Professional:		Yes No				
Other:		Yes No				
Certification/Licensure: Please list all Professional Certification and Licensures (Organization, Type, Expiration)						

Work History:

Disciplinary Actions: Have you been subject to any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct based or performance-based actions? Yes No

If YES, please explain: _____

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):

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:	Employment Status:	Job Title:
Employed To:		
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, way?
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, way?
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, way?
Job Duties and Responsibilities:		Reason for Leaving:

Discuss here any reason for lapse of employment:

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 | 7am-3pm (AM) |
| Part-Time | 3pm-11pm (PM) |
| | 11pm-7am (Overnights) |

What do you do when you get upset or angry about something?

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!

First and Last Name	Phone Number	Relation

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 preceding 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 334th 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: 515-316-1120
Phone: 515-438-3494

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

Full Legal Name (At time of graduation): _____

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

School Name: _____ Located in (city, state) _____, _____

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

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

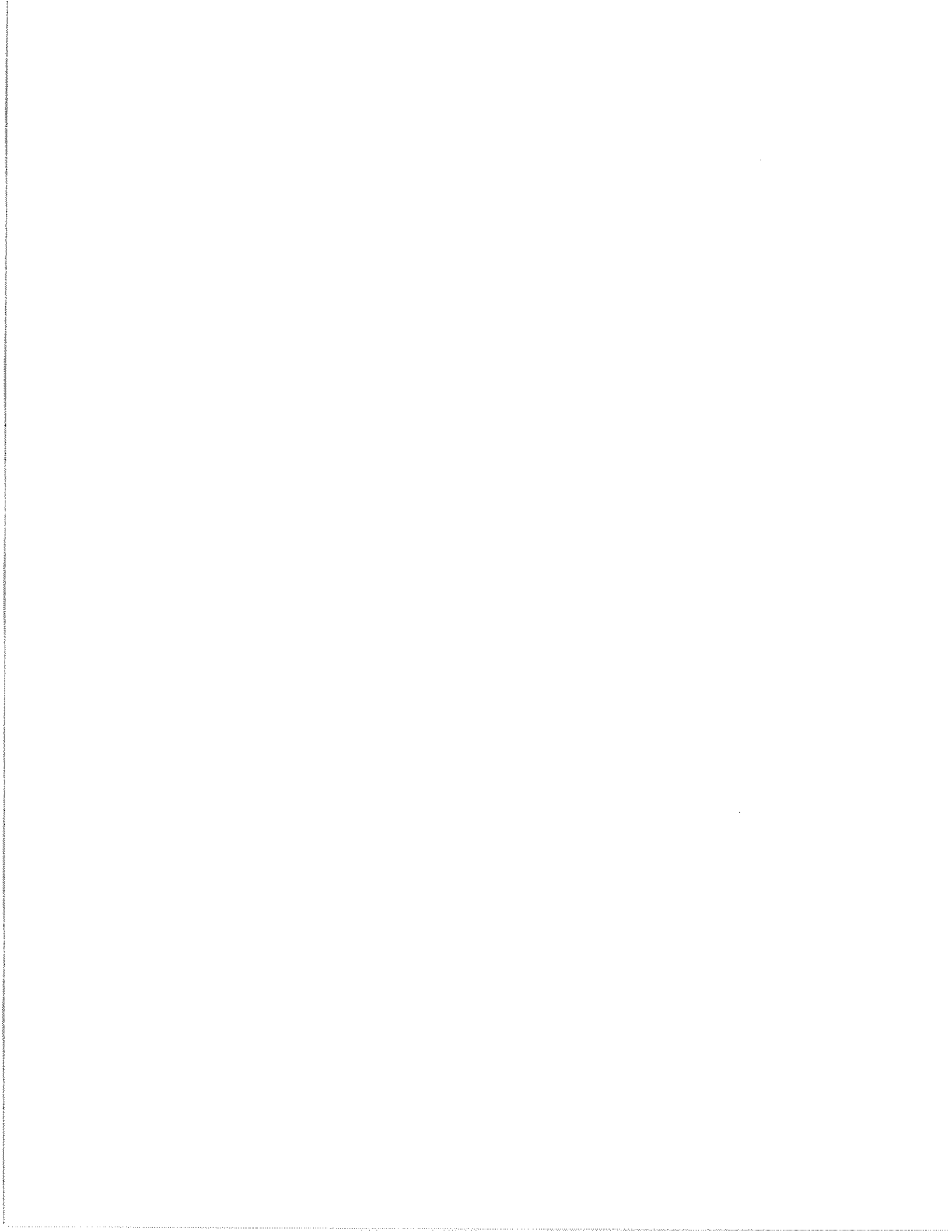
Name of School

Address of School

City, State, Zip Code

Phone Number

Please Affix Seal



Woodward Academy

1251 334th Street
Woodward, IA 50276
515-438-3481

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:

Youth coach for baseball, basketball, soccer, tennis, wrestling, etc.

Child care/babysitting

Youth Group Leader

Big Brother, Big Sister Programs

Instructor/Counselor at Summer Camp(s)

4-H Leader

Recess/Lunch room duty

Sunday School Teacher/Bible School Teacher

Boy/Girl Scouts or Brownies Advisor

Special Olympics

Lifeguard/Swimming Lesson Instructor

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: _____

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: _____

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: _____

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: _____

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: _____

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: _____

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: _____

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: _____

SIGNATURE

DATE

