

APPLICATION FOR EMPLOYMENT

RIVERBEND CENTER FOR MENTAL HEALTH

P O Box 941
Florence, AL 35631
(205) 764-3431

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.

(PLEASE PRINT)

<u>POSITION APPLIED FOR</u>		<u>DATE OF APPLICATION</u>	
<u>LAST NAME</u>		<u>FIRST NAME</u>	<u>MIDDLE NAME</u>
<u>ADDRESS: STREET</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>
<u>TELEPHONE NUMBER(S)</u> (<u> </u> <u> </u>) <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u>		<u>SOCIAL SECURITY NUMBER</u> <u> </u> - <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u>	

IF YOU ARE UNDER 18 YEARS OF AGE CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK?

qYES

qNO

**HAVE YOU EVER FILED AN APPLICATION WITH RIVERBEND BEFORE?
IF YES GIVE DATE**

qYES

qNO

**HAVE YOU EVER BEEN EMPLOYED BY RIVERBEND?
IF YES GIVE DATE**

qYES

qNO

ARE YOU CURRENTLY EMPLOYED?

qYES

qNO

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR REFERENCE?

qYES

qNO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

qYES

qNO

PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT!

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK?

ARE YOU AVAILABLE TO WORK: q FULL-TIME q PART-TIME q WEEKENDS q TEMPORARY

ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL?

qYES

qNO

CAN YOU TRAVEL IF A JOB REQUIRES IT?

qYES

qNO

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

qYES

qNO

CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT!

IF YES TO THE ABOVE QUESTION PLEASE EXPLAIN: _____

RIVERBEND IS AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	NAME AND ADDRESS	COURSE OF STUDY	YEARS COMPLETED	DEGREE AWARDED
HIGH SCHOOL				
COLLEGE UNDERGRADUATE				
COLLEGE GRADUATE				
MEDICAL				
OTHER				

OTHER QUALIFICATIONS:

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS: (Check appropriate boxes)

PC
 10 KEY (Calculator)
 KEYBOARDING
 EXCEL
 OTHER: (list)

FAX
 MICROSOFT WINDOWS APPLICATIONS
 SWITCHBOARD (PBX)
 LOTUS 1/2/3

REFERENCES

1.		() _____ -- _____ TELEPHONE NUMBER
	NAME	
	ADDRESS	
2.		() _____ -- _____ TELEPHONE NUMBER
	NAME	
	ADDRESS	
3.		() _____ -- _____ TELEPHONE NUMBER
	NAME	
	ADDRESS	

EMPLOYMENT HISTORY

START WITH YOU PRESENT OR LAST JOB. INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. YOU MAY EXCLUDE ORGANIZATIONS WHICH INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITIES, OR OTHER PROTECTED STATUS.

Employer		Dates Employed		<u>Work Performed</u>
		From	To	
Address		Hourly Rate		
		Starting	Ending	
Telephone Number(s)		Reason For Leaving		
Job Title	Supervisor			

Employer		Dates Employed		<u>Work Performed</u>
		From	To	
Address		Hourly Rate		
		Starting	Ending	
Telephone Number(s)		Reason For Leaving		
Job Title	Supervisor			

Employer		Dates Employed		<u>Work Performed</u>
		From	To	
Address		Hourly Rate		
		Starting	Ending	
Telephone Number(s)		Reason For Leaving		
Job Title	Supervisor			

ADDITIONAL EMPLOYMENT HISTORY MAY BE WRITTEN ON A SEPARATE SHEET

CREENTIALS

STATE LICENSES/CERTIFICATES

Here, please list all professional licenses or certificates to practice that you've ever held. Please attach copies of all currently active licenses certificates. If you need additional space, feel free to attach a separate sheet.

<u>1</u>	<u>STATE</u>	<u>LICENSE/CERTIFICATE NUMBER.</u>	<u>TYPE (ie., MD, DO, etc.)</u>	<u>Initial License Date</u>
<u>Date of Current License</u>		<u>Expiration Date</u>	<u>Is License/Certificate Active?</u> q YES q NO	<u>Do You Currently Practice under it? qYES q NO</u>
<u>Does your Current License Require Supervision</u> q YES q NO			<u>If Supervision is required please provide the name of your supervisor.</u>	
<u>2</u>	<u>STATE</u>	<u>LICENSE/CERTIFICATE NUMBER.</u>	<u>TYPE (ie., MD, DO, etc.)</u>	<u>Initial License Date</u>
<u>Date of Current License</u>		<u>Expiration Date</u>	<u>Is License/Certificate Active?</u> q YES q NO	<u>Do You Currently Practice under it? qYES q NO</u>
<u>Does your Current License Require Supervision</u> q YES q NO			<u>If Supervision is required please provide the name of your supervisor.</u>	

List Professional, trade, business or civic activities and office held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

EMERGENCY CONTACT

IN THE EVENT OF AN EMERGENCY PLEASE CONTACT THE FOLLOWING INDIVIDUAL(S)

1.	NAME	TELEPHONE NUMBER	RELATIONSHIP
		() _____ -- _____	
2.	NAME	TELEPHONE NUMBER	RELATIONSHIP
		() _____ -- _____	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days, and shall be retained on file for one year from the date of application. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that any offer of employment is contingent upon my successful completion of a drug screening and submission of a Health Clearance form signed by a physician certifying I am able to perform essential job functions with or without accommodation.

Initial employment requires a three (3) month orientation period. During this time, job performance is evaluated and, if satisfactory, employment is continued indefinitely based on future annual evaluations.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

SIGNATURE

DATE