**Employment Application**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BASIC INFORMATION** | | | | | | | | |
| **Name** | | | **MI** | | | | **Last Name** | |
| **Personal Email** | | | | | | **Personal Phone** | | |
| **Home Address** | | | | | | **Adress 2** | | |
| **City** | | | **State** | | | | **Zip Code** | |
| **PRIVATE INFORMATION** | | | | | | | | |
| **DOB**   |  |  |  | | --- | --- | --- | | DD | MM | YYYY | |  |  |  | | **Sex**  □ Male □ Female | | | **Languages**  □ English □ Spanish  □ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Immigration Status**  □ US Citizen  □ Lawful Permanent Resident  □ Alien Authorized to work in US | |
| **SSN** | | **Tax ID** | | | **Driver License Number** | | | **Driver License State** |
| **POSSITIONAL INFORMATION** | | | | | | | | |
| **Credentials** | | | **Certification/license number** | | | | **Certification/license expiration date**   |  |  |  | | --- | --- | --- | | DD | MM | YYYY | |  |  |  | | |
| **Medicaid provider number** | | | **NPI number** | | | | **Tax ID (If applicable)** | |
| **Position applied for** | | **Are you interested in:**  □ Part time □ Full time | | | **Are you willing to work:**  □ Weekdays □ Evenings □ Weekends | | | **Hoe many hours per week?**  \_\_\_ Hrs. per week |
| **Have you ever worked for this agency before?**  \_\_\_\_YES \_\_\_\_NO | | | | | | | | |
| **Are you legally eligible to work in the United States?**  \_\_\_\_YES \_\_\_\_NO  Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Our Company will verify the status of every individual offered employment . In this connection, all offers of employment are subject to verification of the applicant’s identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization | | | | | | | | |
| **Are you under 18 years of age?**  \_\_\_\_YES \_\_\_\_NO | | | | | | | | |
| **How did you hear about us?** | | | | | | | | |
| **Do you have reliable transportation?**  \_\_\_YES  \_\_\_NO | | | **Are you currently employed?**  \_\_\_YES  \_\_\_NO | | | **Have you ever been convicted of a crime in the past 5 years, barring employment in any BA Agency?**  \_\_\_YES  \_\_\_NO | | |
| **EDUCATION (List from highest to lowest education level)** | | | | | | | | |
| **1-Degree study Graduate School City/State/Country Graduate date** | | | | | | | | |
| **2-Degree study Graduate School City/State/Country Graduate date** | | | | | | | | |
| **3-Degree study Graduate School City/State/Country Graduate date** | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GENERAL INFORAMTION** | | | | | | | | |
| **Do you have experience providing direct services to recipients with mental health disorders, developmental or intellectual disabilities?**  \_\_\_\_ YES \_\_\_\_NO | | | | | | | | |
| **PREVIOUS EMPLOYMENT#1:** | | | | | | | | |
| **Company name** | **Phone** | | | **Supervisor** | | | | **Job Tittle** |
| **From**   |  |  |  | | --- | --- | --- | | DD | MM | YYYY | |  |  |  | | | **To**   |  |  |  | | --- | --- | --- | | DD | MM | YYYY | |  |  |  | | | | **Reason for leaving** | | | |
| **PREVIOUS EMPLOYMENT#2:** | | | | | | | | |
| **Company name** | **Phone** | | | **Supervisor** | | | | **Job Tittle** |
| **From**   |  |  |  | | --- | --- | --- | | DD | MM | YYYY | |  |  |  | | | **To**   |  |  |  | | --- | --- | --- | | DD | MM | YYYY | |  |  |  | | | | **Reason for leaving** | | | |
| **PREVIOUS EMPLOYMENT#3:** | | | | | | | | |
| **Company name** | **Phone** | | | **Supervisor** | | | | **Job Tittle** |
| **From**   |  |  |  | | --- | --- | --- | | DD | MM | YYYY | |  |  |  | | | **To**   |  |  |  | | --- | --- | --- | | DD | MM | YYYY | |  |  |  | | | | **Reason for leaving** | | | |
| **REFERENCES** | | | | | | | | |
| **Reference Name** | | | **Relationship** | | | | **Phone number** | |
| **Reference Name** | | | **Relationship** | | | | **Phone number** | |
| **Reference Name** | | | **Relationship** | | | | **Phone number** | |
| **DESCLAIMER 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 termination.  I authorize a complete investigation of all statements contained herein and herby give my full permission for the Agency to contact and fully discuss my background and history with all persons and entities listed above to give the Agency any and all information concerning my previous employment and any information they may have, and release all former employers and others listed above from all liability for any damage that my result from furnishing the same to the Agency.  I understand and agree that, if hired, my employment is for no definite period arid may, regardless of the date of payment of my wages and salary, be terminated at any without prior notice and with or without cause.  This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period shall inquire as to whether applications are being accepted at that time. | | | | | | | | |
| **Signature** | | | | | | **Date** | | |
| FINAL DECISION (YOU WILL RECEIVE A WRITTEN NOTICE OF THE FINAL DECISION. WE ARE AN EQUAL OPPURTUNITY EMPLOYER. ALL APPLICANTS WILL BE CONSIDERED FOR EMPLOYMENT WITHOUT ATTENTION TO RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, NATIONAL ORIGIN, VETERAN, DISABILITY STATUS OR ANY OTHER PROTECTED CATEGORY). | | | | | | | | |