

## 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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. <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. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:			
Where:			
Please explain circumstances:			
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please explain circumstances:

### EDUCATION

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:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<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 Organizations and Associations:**

  
  

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

**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, Title and Phone #:	Other Name(s) Used:	May we contact this employer for a reference?
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, Title and Phone #:	Other Name(s) Used:	May we contact this employer for a reference?
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, 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)

**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
- Part-Time
- PRN/As Needed
- Flex Time
- Day
- Evening
- Night
- 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: \_\_\_\_\_