



Select

BEHAVIORAL  
HEALTH ALLIANCE

## Employment Application Form

### Personal Information

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

Address: \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Position Applied For

Position Title: \_\_\_\_\_

Desired Salary: \_\_\_\_\_

Available Start Date: \_\_\_\_\_

### Availability

Number of Hours per Week Desired: \_\_\_\_\_

Days of the Week and Hours Available:

Monday	<input type="checkbox"/>	
Tuesday	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>	
Friday	<input type="checkbox"/>	
Saturday	<input type="checkbox"/>	
Sunday	<input type="checkbox"/>	

## **Employment History**

### **1. Most Recent Employer**

- **Company Name:** \_\_\_\_\_
- **Job Title:** \_\_\_\_\_
- **Dates Employed:** \_\_\_\_\_
- **Supervisor Name:** \_\_\_\_\_
- **Supervisor Contact:** \_\_\_\_\_
- **Responsibilities:** \_\_\_\_\_
- **Reason for Leaving:** \_\_\_\_\_

### **2. Previous Employer**

- **Company Name:** \_\_\_\_\_
- **Job Title:** \_\_\_\_\_
- **Dates Employed:** \_\_\_\_\_
- **Supervisor Name:** \_\_\_\_\_
- **Supervisor Contact:** \_\_\_\_\_
- **Responsibilities:** \_\_\_\_\_
- **Reason for Leaving:** \_\_\_\_\_

### **3. Previous Employer:**

- **Company Name:** \_\_\_\_\_
- **Job Title:** \_\_\_\_\_
- **Dates Employed:** \_\_\_\_\_
- **Supervisor Name:** \_\_\_\_\_
- **Supervisor Contact:** \_\_\_\_\_
- **Responsibilities:** \_\_\_\_\_
- **Reason for Leaving:** \_\_\_\_\_

**4. Previous Employer:**

- **Company Name:** \_\_\_\_\_
- **Job Title:** \_\_\_\_\_
- **Dates Employed:** \_\_\_\_\_
- **Supervisor Name:** \_\_\_\_\_
- **Supervisor Contact:** \_\_\_\_\_
- **Responsibilities:** \_\_\_\_\_
- **Reason for Leaving:** \_\_\_\_\_

**Education**

School Name	Degree	Years Attended	Major/Field of Study:

**Certifications and Licenses:**

Certification/License	Issuing Organization	Date Issued	Expiration Date

**Professional References**

**1. Reference 1**

<b>Full Name</b>	
<b>Relationship</b>	
<b>Company</b>	

Full Name	
Phone Number	
Email Address	

**2. Reference 2**

Full Name	
Relationship	
Company	
Phone Number	
Email Address	

**3. Reference 3**

Full Name	
Relationship	
Company	
Phone Number	
Email Address	

**Additional Information**

Are you legally eligible to work in the U.S.?  Yes  No

Have you ever been convicted of a felony?  Yes  No

If yes, please explain:

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Have you ever been convicted of a misdemeanor?  Yes  No

If yes, please explain:

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Do you have reliable transportation?

Yes  No

Can you travel if the job requires it?

Yes  No

Have you ever been asked to resign from a position?

Yes  No

If yes, please explain:

**Applicant's Statement**

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false information or omissions may disqualify me from employment or result in my dismissal if hired. I authorize the verification of any or all information listed above.

**Applicant's Signature:**

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**Date:**

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**Thank you for applying to Select Behavioral Health Alliance LLC. We look forward to reviewing your application.**