



Application for Employment

New Beginnings considers applicants for all open positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.

This application for employment is considered active only for the time period during which the position applied for is open and will not exceed 60 days. Any applicant wishing to be considered for another position should reapply for such position.

You may request accommodation to participate in the process including completion of the application form, interviewing, or skills demonstration.

(PLEASE PRINT all information with the exception of your signature)

Position Applied for:		Date of Application:	
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How did you learn about us? Advertisement Friend Walk-in Relative

Private Employment Agency Government Employment Agency Other _____

Last Name:		First Name:		Middle Name:	
Street Address:		City:		State:	
				Zip:	

Telephone Number(s): _____

Email Address: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.* Yes: No:

Have you ever been employed with us before? Yes No If yes, give date: _____

Have you ever filed an application with us before? Yes No If yes, give date: _____

Are you currently employed? Yes No May we contact your present employer? Yes No

On what date would you be available to work? _____ / _____ / _____ Full-time Part-time Temporary

Are you currently on "lay-off" status and subject to recall? Yes: No:

Have you been convicted of a felony within the last seven years? Yes: No:

Such conviction may be relevant if job related, but does not necessarily bar you from employment.

If yes, please explain _____

CLINICAL APPLICANTS ONLY

Have you had a loss of privileges at any previous employment?	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Has your clinical license ever been revoked or suspended?	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Are there any reviews currently pending?	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Have you ever been convicted in a malpractice action?	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Do you have any malpractice action charges pending at this time?	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>

*If yes to any of the above, describe fully and attach explanation to this Application for Employment.
Explanation should include the name and address of an attorney to contact.*

Education

	Elementary School					High School				Undergraduate College/University				Graduate Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extracurricular activities.	<p><i>If job related, documentation will be required prior to employment. Please return along with this Application for Employment.</i></p>																
Describe any honors you have received?																	
State any additional information you feel may be helpful to us in considering your application.																	

Have you ever had any job-related training in the United States military? Yes: No:

If yes, please describe:

Special Skills and Qualifications

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

I have a family member who is employed by New Beginnings Behavioral Health Services, LLC

Yes No

If you answered yes to the above question, please list the person(s) to whom you are related and list the relationship.

Name:

Relationship:

Employment Experience

Start with your present or last job. Include any job-related military service assignments or volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disability or other protected status. **All information must be completed – “See Resume” is not acceptable.**

1.

Employer		Dates of Service Month/Yr. Month/Yr.	Work Performed:
Address			
Telephone Number (s)		<u>Hourly Rate/Salary</u> Starting Final	
Job Title	Supervisor		
Reason for Leaving			

2.

Employer		Dates of Service Month/Yr. Month/Yr.	Work Performed:
Address			
Telephone Number (s)		<u>Hourly Rate/Salary</u> Starting Final	
Job Title	Supervisor		
Reason for Leaving			

3.

Employer		Dates of Service Month/Yr. Month/Yr.	Work Performed:
Address			
Telephone Number (s)		Hourly Rate/Salary Starting Final	
Job Title	Supervisor		
Reason for Leaving			

4.

Employer		Dates of Service Month/Yr. Month/Yr.	Work Performed:
Address			
Telephone Number (s)		Hourly Rate/Salary Starting Final	
Job Title	Supervisor		
Reason for Leaving			

***If you need additional space, please continue on a separate sheet of paper. If you are applying for a clinical position, you are required to submit a resume or vita with this Application for Employment.**

References

New Beginnings Behavioral Health Services, LLC requires the following to be included with this Application for Employment. All applicants are required to provide the names and addresses of three professional references from individuals who have personal knowledge of the applicant's knowledge, skills, and abilities. Please provide information below. Individuals included should not be related to you.

Name	Street or PO Box and City, State, Zip	Telephone Number

Applicant Statement:

I certify that the information provided in this application and/or attached resume or vita is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment or an attached resume or vita as may be necessary in arriving at an employment decision.

I understand that:

Any deliberate falsifications, misrepresentations, or omissions of material fact from my application, resume, or vita may preclude any offer of employment, or may result in a withdrawal of an employment offer, or may result in discharge from employment if I am already employed at the time the misrepresentation or omission is discovered.

Any offer of employment I may receive from NBBHS is contingent upon 1) my successful completion of all pre-employment screening, including the receipt of references considered satisfactory by NBBHS, and 2) my satisfactory completion of any post-offer pre-employment medical examination that NBBHS may require. I also agree, if employed, to submit to medical examination at any time requested by NBBHS. I hereby consent to having the results of any post-offer pre-employment or post-employment medical exams I may be required to take disclosed to NBBHS.

I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to complete an alcohol or drug screening at any time at the discretion of NBBHS. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to NBBHS.

I hereby authorize and release from liability any former employer, educational institution, or other person or institution to questions pertaining to information in this application, and to release the details of my work, skills, or actions in any transaction and to provide documentary evidence thereof to NBBHS. Further, I release NBBHS from liability that might result from an investigation.

I understand that the use of this application does not indicate there are positions available, nor does it imply or create an employment contract. I understand that the only employment contracts are those specifically authorized by the management of NBBHS which have been reduced to writing and have been executed by both myself and an authorized representative of NBBHS. I agree that NBBHS Policy Manual is NOT and will at NO time be construed as an employment contract. Accordingly, I understand that no employment contract, either express or implied, for any period, is created hereby, should NBBHS hire me.

Should NBBHS hire me, I agree to observe and abide by all of NBBHS policies, practices, and procedures currently in existence and further agree to observe and abide by new and revised policies, practices, and procedures, which may be issued in the future at the sole discretion of NBBHS. Employment with NBBHS will not be offered to me until all background checks are completed to the satisfaction of NBBHS, and I hereby authorize NBBHS to conduct both pre-employment and periodic background checks during employment, should I become employed, as required by law or the management of NBBHS. While observing all Federal or State law, either I or NBBHS can terminate the relationship at will, with or without cause.

I hereby warrant that I have read and fully understand the foregoing and seek employment under these conditions of my own free will and in accordance with my own judgment.

Signature

Date

New Beginnings Behavioral Health Services, LLC
Employment Reference Consent and Release

Applicant Name: _____

I hereby give consent to any and all prior employers of mine, or my current employer, to provide the information with regard to my employment with prior or current employers to New Beginnings Behavioral Health Services, LLC. This consent is valid for a period of six (6) months from the date indicated below.

Applicant Signature: _____ Date: _____

Applicant Questionnaire

Name: _____ Date: _____

Position(s) Applied For: _____

Have you worked for New Beginnings in the past? If so, please give date(s): _____

Please provide three professional references (Name and Phone Number) from **employers** listed on the New Beginnings Employment Application:

1. _____
2. _____
3. _____

Please answer the following questions and return to NBBHS HR department.

1. Do you meet the minimum requirements of this position? ____ Yes ____ No

Comments:

2. If applicable, what degree do you currently hold? Please include field of study (e.g. BS in Psychology).

3. If applicable, what licensure do you currently hold? From what state(s)?

4. If you are in the process of becoming licensed in the state of Arkansas, where are you currently in the process?

5. Have you worked in this field of work before? ____ Yes ____ No

6. If yes, then for how long have you worked in this field or at this job position?

____ Less than one year ____ 1-2 years ____ 3-4 years ____ 5 or more years

7. How did you hear about this position? _____

8. What would you say are your strengths?

9. What would you say are your weaknesses?

10. Are you aware of the job duties of the position you are applying for?

11. Do you have specific salary expectations? ____ Yes ____ No

12. If you answered yes to question #11, what are your salary expectations? _____

13. Why do you feel you are a good candidate for the position you are applying for?
