



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Driver's License No.: _____ Driver's License State: _____

Professional License Type: _____ Professional License #: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a crime? YES NO (Convictions include both felonies & misdemeanors. A conviction will not automatically bar you from employment. All circumstances will be considered. Falsification of application, however, is grounds for termination if you are hired.)

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers 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.
I hereby 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 Summit Behavioral Healthcare may discharge the 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 corporate executive of Summit Behavioral Healthcare.
I understand that employment with Summit Behavioral Healthcare and its subsidiaries, divisions, or agents may be contingent upon proof of a physical exam, PPD or chest x-ray, and successfully passing a drug screen, background check and/or credit report or any other type of verifications deemed necessary.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my immediate release.

Signature: _____ Date: _____

Please return this application to:

**Human Resources
111 Liberty Avenue
Lafayette, LA 70508**

Summit Behavioral Healthcare is an Equal Opportunity Employer