EQUIP BEHAVIORAL SERVICES

EMPLOYMENT APPLICATION

APPLICANT INFORMATION									
Last Name			First			MI:		Date	
Street Address							Apartment/ Unit#		
City				State			Zip		
Phone					Email Address				
Date Available					Desired Salary				
Position applying for:					Full-time___ Seasonal___		Part-time___		
Are you eligible to work in the United States?	Yes [ ]	No [ ]			Will you need sponsorship now or in the future?			Yes [ ]	No [ ]
Do you relatives or friends who work for the company?	Yes [ ]	No [ ]			If yes, who				
Have you ever worked for this company?	Yes [ ]	No [ ]			If so, when				
Have you ever been discharged or asked to resign by an employer?	Yes [ ]	No [ ]			If yes, please explain				
For the purpose of completing a background screening, please provide your place of birth : _____ _									

EDUCATION								
High School				Address				
From		To		Did you graduate?	Yes [ ]	No [ ]	Degree	
College				Address				
From		To		Did you graduate?	Yes [ ]	No [ ]	Degree	

Applicant Initials _____

Other					Address			
From		To		Did you graduate?	Yes [ ]	No [ ]	Degree	
REFERENCES								
Please list 2 professional references.								
Full Name					Relationship			
Company					Phone			
Email address								
Full Name					Relationship			
Company					Phone			
Email address								

Applicant Initials _____

PREVIOUS EMPLOYMENT							
Company				Phone			
Address				Supervisor			
Job Title		Starting Salary	$		Ending Salary	$	
Responsibilities							
From:	To:	Reason for leaving					
May we contact your previous employer?		Yes [ ] No [ ]					
Company				Phone			
Address				Supervisor			
Job Title		Starting Salary	$		Ending Salary	$	
Responsibilities							
From:	To:	Reason for leaving					
May we contact your previous employer?		Yes [ ] No [ ]					
Company				Phone			
Address				Supervisor			
Job Title		Starting Salary	$		Ending Salary	$	
Responsibilities							
From:	To:	Reason for leaving					
May we contact your previous employer?		Yes [ ] No [ ]					

PROFESSIONAL LICENSE(S) AND CERTIFICATION(S)	
License/Certification #1	
License/certification type	State of license/certification provider

Applicant Initials _____

License/certification number	Date of license/certification was issued (MM/YYYY)
Date license/certification will expire (MM/YYYY)	
License/Certification #2	
License/certification type	State of license/certification provider
License/certification number	Date of license/certification was issued (MM/YYYY)
Date license/certification will expire (MM/YYYY)	
License/Certification #3	
License/certification type	State of license/certification provider
License/certification number	Date of license/certification was issued (MM/YYYY)
Date license/certification will expire (MM/YYYY)	

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? Yes [ ] No [ ] If yes, please describe: _____

DISCLAIMER & SIGNATURE:
I certify that that all the above information in this employment application are true and complete to the best of my knowledge and authorize Equip Behavioral Services, LLC to verify their accuracy and obtain reference information on my work performance and prior work history. I hereby, release Equip Behavioral Services, LLC from any and all liability of whatever kind of nature, at any time, which could result from obtaining and having an employment decision based on such information. I understand that if I falsified statements of any kind or omissions of facts called for on this application, shall be considered sufficient basis for dismissal. I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of Equip Behavioral Services, LLC. However, I further understand that neither policies, rules nor regulations of employment shall be deemed to constitute the terms of an implied employee contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the employer may terminate my employment at any time with or without notice or cause.
Signature : **Date:**

Applicant Initials _____

Applicant Initials _____