



Announcement # \_\_\_\_\_

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

**APPLICANT INFORMATION**

Name: \_\_\_\_\_  
Last First Middle

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Are you able to perform the essential functions of the position with or without accommodations?  Yes  No

Are you legally eligible for employment in the United States?  Yes  No

Have you ever been convicted of a felony?  Yes  No (if yes explain in comments)

Have you been convicted of a misdemeanor within the last five years?  Yes  No (if yes explain in comments)

Do you have a valid Driver's License?  Yes  No Issuing state: \_\_\_\_\_

Are you insured?  Yes  No Do you have your own transportation?  Yes  No

If hired, when can you begin employment? \_\_\_\_\_ Are you willing to work an overnight shift?  Yes  No

Are there any days or hours you are unavailable to work? \_\_\_\_\_

**EMPLOYMENT HISTORY**

List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper if necessary. No more than 10 years history recommended.

Employer name and address: _____ _____	Position title/duties, skills: _____ _____	Start date: _____	End date: _____
Pay: \$ Per: _____	Supervisor: _____ Telephone: _____	Reason for leaving: _____	
Employer name and address: _____ _____	Position title/duties, skills: _____ _____	Start date: _____	End date: _____
Pay: \$ Per: _____	Supervisor: _____ Telephone: _____	Reason for leaving: _____	
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Employer name and address: _____ _____	Position title/duties, skills: _____ _____	Start date: _____	End date: _____
Pay: \$ Per: _____	Supervisor: _____ Telephone: _____	Reason for leaving: _____	

Summarize other employment related to this position:

## EDUCATION

High School: \_\_\_\_\_

Location: \_\_\_\_\_

Received a Diploma:  Yes  No

College/University: \_\_\_\_\_

College/University: \_\_\_\_\_

Location: \_\_\_\_\_

Location: \_\_\_\_\_

Degree Earned: \_\_\_\_\_

Degree Earned: \_\_\_\_\_

## SKILLS & QUALIFICATIONS

Other qualifications such as special skills, abilities or honors that should be considered:

Types of computers, software, and other equipment that you are qualified to operate:

Professional licenses, certifications or registrations:

Comments or additional information regarding this position:

## REFERENCES

List references who are not relatives, friends, or partners.

Name	Address	Telephone	Occupation	Years known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## INFORMATION TO THE APPLICANT

Your signature below states that all information in both your application and resume provided by you to South Peninsula Behavioral Health Services is true. You are also authorizing South Peninsula Behavioral Health Services to contact any references, previous employers or relevant organizations to verify the type, nature, and quality of your contact with them as it relates to the position you have applied for. A criminal background check will be required of you. Information obtained during reference inquiries will be held in confidence with the source.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Printed Name \_\_\_\_\_