



Wesley Behavioral Health Services LLC

BREAKING BARRIERS AND REBUILDING LIVES

HOW SOON FOLLOWING NOTIFICATION CAN YOU REPORT? _____

HAVE YOU EVER BEEN EMPLOYED BY THE COMPANY? Yes No

IF YES, WHEN? _____ WHERE? _____ POSITION? _____

ARE ANY RELATIVES, INCLUDING IN-LAWS, EMPLOYED AT THE COMPANY? Yes No _____

EDUCATION

LAST HIGH SCHOOL ATTENDED/complete address _____

ATTENDED FROM ____/____/____ TO ____/____/____

GRADUATED? Yes No

COLLEGE OR UNIVERSITY/complete address _____

ATTENDED FROM ____/____/____ TO ____/____/____

GRADUATED? Yes No

MAJOR _____

DEGREE RECEIVED _____

COLLEGE OR UNIVERSITY/complete address _____

ATTENDED FROM ____/____/____ TO ____/____/____

GRADUATED? Yes No

MAJOR _____

DEGREE RECEIVED _____

EMPLOYMENT HISTORY

IMPORTANT! STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST IN CONSECUTIVE ORDER ALL EMPLOYMENT AND PERIODS OF UNEMPLOYMENT SINCE YOU GRADUATED FROM OR LAST ATTENDED SCHOOL.

FULL NAME OF COMPANY TELEPHONE SALARY - EMPLOYED -

BEGIN/END

FROM/TO

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME & TITLE OF SUPERVISOR

TITLE OF YOUR POSITION

DEPARTMENT

DUTIES

REASON FOR LEAVING



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FULL NAME OF COMPANY	TELEPHONE	SALARY - BEGIN/END	EMPLOYED - FROM/TO
STREET ADDRESS		CITY	STATE
ZIP CODE			
NAME & TITLE OF SUPERVISOR			
TITLE OF YOUR POSITION		DEPARTMENT	
DUTIES			
REASON FOR LEAVING			

FULL NAME OF COMPANY	TELEPHONE	SALARY - BEGIN/END	EMPLOYED - FROM/TO
STREET ADDRESS		CITY	STATE
ZIP CODE			
NAME & TITLE OF SUPERVISOR			
TITLE OF YOUR POSITION		DEPARTMENT	
DUTIES			
REASON FOR LEAVING			

HAVE YOU EVER BEEN SUSPENDED, PLACED ON PROBATION, ASKED TO RESIGN, DISCHARGED? OR TERMINATED? Yes No

IF YES, PLEASE EXPLAIN:

SKILLS

TYPING SPEED (WORDS/MINUTE) _____

SHORTHAND (WORDS/MINUTE) _____

WORD PROCESSING/OFFICE PROGRAMS USED _____

INDICATE EXPERIENCE IN YEARS AND MONTHS FOR EACH AREA:

ACCOUNTING _____ COMPUTER _____

PAYROLL _____ ADDING MACHINE _____

BOOKKEEPING _____

STATISTICS _____

LIST ANY OTHER SKILLS YOU THINK MAY BE OF VALUE TO THE COMPANY, SUCH AS PROGRAMMING, ETC.

1. _____



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2. _____

3. _____

MILITARY SERVICE AND STATUS

BRANCH OF SERVICE (IF NONE, STATE NONE): _____ MILITARY OCCUPATION: _____

DATE OF ENTRY INTO ACTIVE DUTY: _____ / _____ DATE OF SEPARATION: _____ / _____
(MONTH/YEAR) (MONTH/YEAR)

RANK AT THE TIME OF SEPARATION: _____

PLEASE NOTE: FINAL PROCESSING PRIOR TO EMPLOYMENT WILL REQUIRE A REVIEW OF THE ORIGINAL OR A COPY OF YOUR MILITARY DISCHARGE AND/OR A REVIEW OF YOUR DD FORM 214.



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APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

I HEREBY AFFIRM that by execution of the application, I acknowledge that the Company has disclosed to me that an Investigative Consumer Report, including information as to my character, general reputation, personal characteristics, and mode of living may be made; and that I, upon written request to the Company made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I HEREBY AUTHORIZE the Company to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I HEREBY AFFIRM that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the Company and as often as directed during employment.

I HEREBY AUTHORIZE the medical examiner to disclose to the Company any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

I UNDERSTAND that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, at anytime, for any reason, by me or by the Company without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand that only the [Company Officer] of the Company has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that any such agreement must be in writing.

I UNDERSTAND that if I am employed, the terms and conditions of my employment will be governed by this application and the Company's Terms of Employment and Policy and Procedures, as amended from time to time by the Company.

The Company operates under the principles of affording equal employment opportunity through affirmative action for qualified handicapped individuals, qualified veterans of the Vietnam era and qualified disabled veterans.

All applicants and employees who believe themselves to be members of one or more of these groups, and who wish to identify themselves as such for the purpose of affirmative action consideration are invited to do so.

Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that (1) supervisors and managers may be informed regarding disabled veterans and handicapped individuals, as necessary, (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (3) governmental officials investigating compliance will be informed.

I wish to volunteer the following information (check one) I do not qualify

I do qualify under the following: Handicapped

Vietnam Era Veteran

Disabled Veteran

Signature _____ Date _____

Thank you for completing this application. It will remain under consideration for six months. It will not be necessary for you to reapply during this six month period. Your interest in Wesley Behavioral Health Services LLC is appreciated.