

HARMONY BEHAVIORAL SERVICES

Application for Employment

Applicant Name:		Today's Date:	
Address:		City	State
Contact Phone:		Email:	
Have you ever worked or attended school under another name? If so, under what name?			
Are you 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a US citizen or a resident alien authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to undergo a background check? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Position Desired:		Available Start Date:	
Hourly wage rate desired: \$		Annual salary desired: \$	
Do you prefer: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time If part-time, how many hours per week do you desire?			
Days of the week and times of the day you are available to work:			

Education

High School	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training, or specialized classes:		
List any computer software, applications, or other technology experience you have that is directly related to the position for which you are applying.		

Work Experience – list previous employment beginning with the most recent.

Employer:		Address:	
From / To <i>Month/Year</i>	Position Held:	Reason for Leaving:	
Supervisor's Name and Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If yes, phone number:	
Description of Duties:			

Employer:		Address:	
From / To <i>Month/Year</i>	Position Held:	Reason for Leaving:	
Supervisor's Name and Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, phone number:	
Description of Duties:			

Employer:		Address:	
From / To <i>Month/Year</i>	Position Held:	Reason for Leaving:	
Supervisor's Name and Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, phone number:	
Description of Duties:			

Employer:		Address:	
From / To <i>Month/Year</i>	Position Held:	Reason for Leaving:	
Supervisor's Name and Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, phone number:	
Description of Duties:			

Employer:		Address:	
From / To <i>Month/Year</i>	Position Held:	Reason for Leaving:	
Supervisor's Name and Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, phone number:	
Description of Duties:			

References – Identify three persons who know your work, beginning with the most recent

Name:	Phone Number:	Email:
Address:		City, State, Zip:
Position or Title:		Years Known

Name:	Phone Number:	Email:
Address:		City, State, Zip:
Position or Title:		Years Known

Name:	Phone Number:	Email:
Address:		City, State, Zip:
Position or Title:		Years Known

Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information, and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge. I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

Candidate's Signature Date

Thank You for Applying!