



**ENRICHMENT PROGRAM  
APPLICATION FOR EMPLOYMENT**

An Equal Opportunity Employer  
A Drug-Free and Tobacco-Free Workplace

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veteran's status, sex, national origin, disability, or any other legally protected status.

**PERSONAL INFORMATION:**

**E-mail address:** \_\_\_\_\_

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home or Nearest Phone: \_\_\_\_\_  
(Present) Number and Street Alternate Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you over the age of 18?  Yes  No Do you have the legal right to work in the United States?  Yes  No

**Position/s applied for:** \_\_\_\_\_

With or without accommodation can you safely and effectively perform the job for which you are applying  Yes  No

**Referral Source** (please check only one):  Ability One Website  Walk-in  SMA Website  EmployFlorida.com  
 Current Employee  Former Employee  Relative  Friend  School  
 Other – please identify \_\_\_\_\_

How soon could you report to work? (Date available): \_\_\_\_\_

**Type of Employment:**  Full Time  Part Time  Temporary Rate of Pay expected \$ \_\_\_\_\_ Hourly

Are you willing to work **Overtime?**  Yes  No Nights?  Yes  No Weekends?  Yes  No

What days if PT Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Hours: \_\_\_\_\_

<b>EDUCATION</b>				
<b>Type of School</b>	<b>Name and Address of School</b>	<b>Did you Graduate?</b>	<b>Courses Majored in</b>	<b>Degree Attained</b>
High School				
College				
Grad School				
Vocational or other training				

Please provide any additional information such as special skills, vocational or other training, management experience, equipment, operations, or qualifications you feel will be helpful to us in considering your application.

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List any other relevant experience such as volunteering, etc.

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List any current certifications or licensures:

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Have you applied for a job with us before?  Yes  No If yes, when? \_\_\_\_\_

Have you ever worked for us before?  Yes  No If yes, when? \_\_\_\_\_

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### CONVICTIONS

Have you ever been convicted of a felony?  Yes  No If yes, give dates and explain. (Attach a separate paper if necessary.)

A conviction will not necessarily disqualify you from employment.

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Have you ever been discharged or requested to resign from a position?  Yes  No If yes give circumstances: \_\_\_\_\_

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Are you employed now?  Yes  No  
Why do you wish to make a change? \_\_\_\_\_

Have you ever held a position of trust (handling money or confidential material)?  Yes  No

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Stewart-Marchman-Act Behavioral Healthcare employees are not permitted to supervise in the same program or immediate surroundings his/her relative. List names of relatives who are presently employed or affiliated with Stewart-Marchman-Act Behavioral Healthcare, Stewart-Marchman Center or Act Corporation.

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### CHARACTER REFERENCES - list three persons not related to you, whom you have known at least one year.

Name	Address	Phone Number
		( )
		( )
		( )

**RECORD** (start with most recent or present employer and complete in full even if attaching a resume to amplify this information.)

1. \_\_\_\_\_ ( ) \_\_\_\_\_  
Name and Address of Most Recent Employer Telephone

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Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Immediate Supervisor (Name and Position) \_\_\_\_\_ Date of Hire \_\_\_\_\_ Date Left \_\_\_\_\_ Starting Rate \$ \_\_\_\_\_ Last Rate \$ \_\_\_\_\_

Job Title and Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact this employer?  Yes  No

2. \_\_\_\_\_ ( ) \_\_\_\_\_  
Name and Address of Most Recent Employer Telephone

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Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Immediate Supervisor (Name and Position) \_\_\_\_\_ Date of Hire \_\_\_\_\_ Date Left \_\_\_\_\_ Starting Rate \$ \_\_\_\_\_ Last Rate \$ \_\_\_\_\_

Job Title and Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact this employer?  Yes  No

3. \_\_\_\_\_ ( ) \_\_\_\_\_  
Name and Address of Most Recent Employer Telephone

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Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Immediate Supervisor (Name and Position) \_\_\_\_\_ Date of Hire \_\_\_\_\_ Date Left \_\_\_\_\_ Starting Rate \$ \_\_\_\_\_ Last Rate \$ \_\_\_\_\_

Job Title and Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact this employer?  Yes  No

4. \_\_\_\_\_ ( ) \_\_\_\_\_  
Name and Address of Most Recent Employer Telephone

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Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Immediate Supervisor (Name and Position) \_\_\_\_\_ Date of Hire \_\_\_\_\_ Date Left \_\_\_\_\_ Starting Rate \$ \_\_\_\_\_ Last Rate \$ \_\_\_\_\_

Job Title and Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact this employer?  Yes  No

## **JOB APPLICANT'S AGREEMENT AND CERTIFICATION**

"I understand that Stewart-Marchman-Act Behavioral Healthcare requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. Therefore, I authorize Stewart-Marchman-Act Behavioral Healthcare to investigate my past employment, educational credentials, and other employment related activities. I agree to cooperate in such investigations, and release those parties supplying such information to Stewart-Marchman-Act Behavioral Healthcare from all liability or responsibility with respect to information supplied."

"I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record."

"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Stewart-Marchman-Act Behavioral Healthcare and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Stewart-Marchman-Act Behavioral Healthcare unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that Stewart-Marchman-Act Behavioral Healthcare retains the same right, with or without cause, or notice."

"I understand that prior to being offered employment with Stewart-Marchman-Act Behavioral Healthcare I may be requested to take an employment examination. In the event I have a disability that will affect my ability to take the test, I will so inform Stewart-Marchman-Act Behavioral Healthcare prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. Stewart-Marchman-Act Behavioral Healthcare reserves the right to require medical documentation concerning the need for the accommodation."

"I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time."

"I understand that this application will be kept on active file for 6 months from the date completed for the specified position, after which time I would have to reapply in accordance with established company procedures."

Print

Name: \_\_\_\_\_

Signature of  
Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Revised 10/09

**Stewart-Marchman-Act Behavioral Healthcare  
Enrichment Program  
1220 Willis Ave, HR Bldg 5  
Daytona, FL 32114  
(386) 236-1699  
Fax: (386) 236-3158  
hrapps@smabehavioral.org**

**SPECIAL NOTICE TO APPLICANTS FOR EMPLOYMENT**

Stewart-Marchman-Act Behavioral Healthcare is subject to Title VII of the Civil Rights Act, Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974 and the Rehabilitation Act of 1973, all of which require companies to take affirmative action to hire and advance qualified minorities, disabled veterans, veterans who served during the Vietnam War Era, and all other legally disabled persons. **YOU ARE INVITED TO VOLUNTEER THE BELOW INFORMATION.** This information will be kept confidential and used only for affirmative action reporting purposes. FAILURE TO SUPPLY THIS INFORMATION WILL NOT JEOPARDIZE OR ADVERSELY AFFECT ANY CONSIDERATION YOU MAY RECEIVE FOR EMPLOYMENT OR LATER ADVANCEMENT IN EMPLOYMENT.

(1) NAME: \_\_\_\_\_

(2) HOME MAILING ADDRESS: \_\_\_\_\_

(3) CITY / STATE / ZIP: \_\_\_\_\_

(4) HOME PHONE: \_\_\_\_\_

(5) DATE OF BIRTH: \_\_\_\_\_

(6) SEX (Check One):                    1 – MALE                    2 – FEMALE

(7) RACE (Check ONE):

- \_\_\_ 1. HISPANIC or LATINO (ALL RACES) (a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race)
- \_\_\_ 2. WHITE (a person having origins in any of the original peoples of Europe, North Africa, or the Middle East)
- \_\_\_ 3. BLACK or AFRICAN AMERICAN (a person having origins in any of the Black racial groups of Africa)
- \_\_\_ 4. ASIAN (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
- \_\_\_ 5. AMERICAN INDIAN or ALASKAN NATIVE (a person having origins in any of the original people of North America and South America [including Central America], and who maintains tribal affiliation or community attachment)
- \_\_\_ 6. NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
- \_\_\_ 7. TWO OR MORE RACES (all persons who identify with more than one of the above five races)

(8) VETERAN STATUS (Check one)

- \_\_\_ Not a Veteran    \_\_\_ Armed Forces Service Medal Veteran    \_\_\_ Disabled Veteran  
\_\_\_ Recently Separated Veteran    \_\_\_ Other Protected Veteran

PrintName: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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