

STEWART-MARCHMAN-ACT BEHAVIORAL HEALTHCARE

"exceptional and comprehensive behavioral healthcare"

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 for 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: _____

First & Last Name: _____

Date: _____

Address: _____

Home/Nearest Phone: _____

City _____ State _____ Zip Code _____

Alternate Phone: _____

Cell Phone: _____

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: _____ Posting #: _____

_____ Posting #: _____

_____ Posting #: _____

_____ Posting #: _____

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

Referral Source: SMA Website Walk-In College/University Current Employee
(Please select one) Former Employee Friend Relative Employ Florida.com
 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 available?: _____

Education:

Type of School	Name & City of School	Did you graduate?			Major Courses	Degree Attained
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
High School	_____	Yes	No	N/A	_____	_____
College	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
		Yes	No	N/A	_____	_____
Graduate School	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Vocational or other training	_____	Yes	No	N/A	_____	_____

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.

List any other relevant experience such as volunteering, etc.: _____

List any current certifications or licensures: _____

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? _____

Convictions

A conviction will not necessarily disqualify you from employment.

Have you ever been convicted of a felony? Yes No

If yes, give dates and explain. (Attach a separate paper if necessary): _____

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

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

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

Character References:

List three persons not related to you, whom you have known at least one year.

Name	Address	Phone Number
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Record

Start with most recent or present employer. **Complete in full and do not reference an attached resume.**

1.

Name and Address of Most Recent Employer Telephone

Number and Street City State Zip Code

Immediate Supervisor (Name & Position) Date of Hire Date Left Starting Rate Last Rate

Job Title & Duties:

Reason for Leaving: May we contact this employer? Yes No

2.

Name and Address of Previous Employer Telephone

Number and Street City State Zip Code

Immediate Supervisor (Name & Position) Date of Hire Date Left Starting Rate Last Rate

Job Title & Duties:

Reason for Leaving: May we contact this employer? Yes No

3.

Name and Address of Previous Employer Telephone

Number and Street City State Zip Code

Immediate Supervisor (Name & Position) Date of Hire Date Left Starting Rate Last Rate

Job Title & Duties:

Reason for Leaving: May we contact this employer? Yes No

4.

Name and Address of Previous Employer Telephone

Number and Street City State Zip Code

Immediate Supervisor (Name & Position) Date of Hire Date Left Starting Rate Last Rate

Job Title & 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 to 60 days from the date completed for the specific position, after which time I would have to reapply in accordance with established company procedures."

Print Name: _____

Signature of Applicant: * _____ Date: _____

* Applicant **must sign** above in order to be considered for any open positions applied for

Enrichment Program
Stewart-Marchman-Act Behavioral Healthcare
1220 Willis Avenue, HR Building 5
Daytona Beach, FL 32114
Phone: 386-236-1699 Fax: 386-236-3158
E-Mail: 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 information below.** 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.

Name: _____

Home Mailing Address: _____

City, State, Zip Code: _____

Home Phone Number: _____

Date of Birth: _____

Sex (Please check one): Male Female

Race (Please check one):

- 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)
- 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)
- BLACK or AFRICAN AMERICAN (a person having origins in any of the Black racial groups of Africa)
- 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)
- NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
- TWO OR MORE RACES (all persons who identify with more than one of the above five races)
- WHITE (a person having origins in any of the original peoples of Europe, North Africa, or the Middle East)

Veteran Status (Please check one): Not a Veteran

Armed Forces Service Medal Veteran Disabled Veteran

Recently Separated Veteran Other Protected Veteran

Print Name: _____

Signature: _____ Date: _____

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