



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, or any other legally protected status.

PERSONAL INFORMATION:

E-mail address: _____

Name (Print): _____ Date: _____

Address: _____ Home or Nearest Phone: _____
 (Present) Number and Street Alternates 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: _____ Posting #: _____
 _____ Posting #: _____
 _____ Posting #: _____
 _____ Posting #: _____

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): NationsJob Walk-in College/University
 Current Employee Former Employee EmployFI/ Friend/Relative SMAWebsite
 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: _____

EDUCATION				
Type of School	Name and Address of School	Did you Graduate?	Courses Majored in	Degree Attained
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, 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

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.

Have you ever been discharged or requested to resign from a position? Yes No If yes 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 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.

CHARACTER REFERENCES

 list three person 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

Number and Street City State Zip

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

Number and Street City State Zip

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

Number and Street City State Zip

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

Number and Street City State Zip

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 60 days 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 10/08

**STEWART-MARCHMAN-ACT
BEHAVIORAL HEALTHCARE
HUMAN RESOURCES DEPARTMENT
1220 WILLIS AVE
DAYTONA BEACH, FL 32114**

I, _____, have applied for a position at Stewart-Marchman-Act Behavioral Healthcare that requires that I drive either a Stewart-Marchman-Act Behavioral Healthcare vehicle or my own vehicle for business purposes. I understand that in order to be considered for this position that I must have an acceptable driving record and have **a valid drivers license for at least (3) years**. I further understand that possession of a valid State of Florida Driver's License is a condition of employment, and if I am hired for this position and carry an out-of-state license, that I must obtain a valid State of Florida Driver's License prior to the start of my employment with Stewart-Marchman-Act Behavioral Healthcare.

I understand that if I receive a citation(s) for any traffic violations while employed at Stewart-Marchman-Act Behavioral Healthcare that it is mandatory that I immediately report such citation(s) to my employer. I further understand that if I acquire more than the minimum allowable points on my driving record that I may be terminated from employment at Stewart-Marchman-Act Behavioral Healthcare if driving is considered an essential function of my position.

My Florida Driver's License Number is: _____

Driving records are checked for the past three (3) years for moving violations and the past (8) years for DUI's (driving under the influence). By my signature below, I certify that within the last three (3) years I have either not been ticketed or have been ticketed for the following (please check **all** applicable spaces):

_____	No moving violations		
_____	Moving violations as follows:		
	Number of Tickets	Number of Points	Offense
_____	_____	_____	Speeding
_____	_____	_____	Reckless or Careless Driving
_____	_____	_____	DUI
_____	_____	_____	Other moving violations

Have you had your Florida Driver's License for more then 3 years? Yes__ No__

If **NO**, please complete the following:

State (other then Florida): _____

Driver's License Number: _____

Date of Birth: _____ SSN: _____

It has been made clear and conspicuous to the undersigned of the "disclosure" that a motor vehicle report is being requested.

The undersigned gives written permission to obtain a motor vehicle report, which will be used for the purpose of insurance, employment, or other legitimate business purpose permissible under the Fair Credit Reporting Act.

SIGNATURE: _____ **DATE:** _____

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

• **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:

Consumer reporting agencies, creditors and others not listed below

National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)

Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)

Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)

Federal credit unions (words "Federal Credit Union" appear in institution's name)

State-chartered banks that are not members of the Federal Reserve System

Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission

Activities subject to the Packers and Stockyards Act of 1921

CONTACT:

Federal Trade Commission: Consumer Response Center - FCRA
Washington, DC 20580
1-877-382-4357

Office of the Comptroller of the Currency
Compliance Management
Mail Stop 6-6
Washington, DC 20219
1-800-613-6743

Federal Reserve Board Division of Consumer & Community Affairs
Washington, DC 20551
202-452-3693

Office of Thrift Supervision
Consumer Complaints
Washington, DC 20552
800-842-6929

National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314
703-519-4600

Federal Deposit Insurance Corporation
Consumer Response Center
2345 Grand Avenue, Suite 100
Kansas City, Missouri 64108-2638
1-877-275-3342

Department of Transportation
Office of Financial Management
Washington, DC 20590
202-366-1306

Department of Agriculture
Office of Deputy Administrator - GIPSA
Washington, DC 20250
202-720-7051

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 (Circle 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 American 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: _____

Stewart-Marchman-Act Behavioral Healthcare
1220 Willis Ave, HR Bldg 5
Daytona, Fl 32114
386-236-1699