



Community Behavioral Healthcare

LifeNet Community Behavioral Healthcare
9708 Skillman Street
Dallas, TX 75243
214-221-5433

Application for Employment

Equal access to programs, services and employment is available to all persons. Any applicants requiring reasonable accommodations during the application and/or interview process should notify a representative of the Human Resources Department.

Please Print

Name _____
Last First Middle

Address _____

Telephone # (____) _____ Mobile/Beeper/Other Phone # (____) _____ E-mail Address _____

Position(s) applied for _____ Date _____

Referral Source

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Company's Website | <input type="checkbox"/> Staffing Agency | <input type="checkbox"/> Government Employment Agency |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Other Internet | <input type="checkbox"/> Employee | <input type="checkbox"/> School |
| <input type="checkbox"/> Job Fair | <input type="checkbox"/> Other _____ | | |

Name of person who referred you, if applicable: _____

If necessary, best time to call you at home: ____ a.m. p.m.

May we contact you at work? YES NO If yes, work number: (____) _____ Best time to call: ____ a.m. p.m.

Have you made application here before? YES NO If yes, date and position: _____

Have you been employed here before? YES NO If yes, dates: From _____ To _____

Are you legally eligible for employment in the United States? YES NO

Date available for work: _____ What is your desired salary range or hourly rate of pay? _____

Type of employment desired: Full-time Part-time Seasonal Temporary Educational Co-op

Will you relocate if the job requires it? YES NO Will you travel if the job requires it? YES NO

Are you able to meet the attendance requirements of the position? YES NO Will you work overtime if required? YES NO

If no to either question, please explain: _____

Driver's license number (if driving may be required in the position for which you are applying): _____ State: _____

Have you ever been bonded? YES NO

Answering "yes" to the following question does not automatically constitute a bar to employment. Factors such as date of offense, seriousness and nature of violation, rehabilitation and position applied for will be taken into account.

Have you ever been convicted of a crime? YES NO

If yes, please provide details and dates: _____

Employment History

Starting with your most recent employer, provide the following information:

| | | |
|---|---|--|
| Employer | Employed from: | _____ to _____ |
| | Month Year | Month Year |
| Street Address | City | State Phone Number |
| Position Held: | Starting Compensation: \$ _____ Per _____ | Final Compensation: \$ _____ Per _____ |
| Immediate Supervisor Name and Title: | E-mail Address: | May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later |
| Please describe the type of work you did and your job responsibilities. | | |
| What did you like most about the position? | | |
| What did you like least about the position? | | |
| Why did you leave? | | |

| | | |
|---|---|--|
| Employer | Employed from: | _____ to _____ |
| | Month Year | Month Year |
| Street Address | City | State Phone Number |
| Position Held: | Starting Compensation: \$ _____ Per _____ | Final Compensation: \$ _____ Per _____ |
| Immediate Supervisor Name and Title: | E-mail Address: | May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later |
| Please describe the type of work you did and your job responsibilities. | | |
| What did you like most about the position? | | |
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| | | |
|---|---|--|
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| Immediate Supervisor Name and Title: | E-mail Address: | May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later |
| Please describe the type of work you did and your job responsibilities. | | |
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| What did you like least about the position? | | |
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| | | |
|---|---|--|
| Employer | Employed from: | _____ to _____ |
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| Position Held: | Starting Compensation: \$ _____ Per _____ | Final Compensation: \$ _____ Per _____ |
| Immediate Supervisor Name and Title: | E-mail Address: | May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later |
| Please describe the type of work you did and your job responsibilities. | | |
| What did you like most about the position? | | |
| What did you like least about the position? | | |
| Why did you leave? | | |

Employment History (continued)

Please explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job? YES NO

If yes, please explain _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

- | | |
|---|--|
| <input type="checkbox"/> Word Processing _____ Years: _____ | <input type="checkbox"/> Internet _____ Years: _____ |
| <input type="checkbox"/> Spreadsheet _____ Years: _____ | <input type="checkbox"/> Other _____ Years: _____ |
| <input type="checkbox"/> Presentation _____ Years: _____ | <input type="checkbox"/> Other _____ Years: _____ |
| <input type="checkbox"/> E-mail _____ Years: _____ | <input type="checkbox"/> Other _____ Years: _____ |

Educational Background

Starting with the most recent school you attended, provide the following information.

| School (include City & State) | Years Completed | Completed | GPA Class Rank | Major/Minor |
|-------------------------------|-----------------|---|----------------|-------------|
| High School: | | <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Other _____ | | |
| | | <input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____ | | |
| | | <input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____ | | |
| | | <input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____ | | |

If required for your position with LifeNet, can you supply copies of your college transcripts? Yes No

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors.
 If not applicable, list three school or personal references who are *not* related to you

| Name | Title | Relationship to You | Contact Information | Number of Years Known |
|------|-------|---------------------|---------------------|-----------------------|
| | | | Phone: E-mail: | |
| | | | Phone: E-mail: | |
| | | | Phone: E-mail: | |

Related Information

To what job-related organizations (professional, trade, etc.) do you belong? (Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.)

| Organization | Offices Held |
|--------------|--------------|
| | |
| | |
| | |

List special accomplishments, publications, awards, etc. (Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.)

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

YES NO NOT APPLICABLE

If yes, please explain: _____

Is there any other job-related information you might want us to know about you? _____

Statement of Applicant

I certify that all information I have provided in order to apply for and secure employment with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause, and with or without prior notice, and the employer reserves the right to terminate my employment at any time, with or without cause, and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period of definite length of time. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary, and that no implied oral or written agreement contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate discharge from the employer's service, whenever it is discovered.

SIGN THIS ONLY AFTER YOU HAVE READ THE ABOVE "STATEMENT OF APPLICANT"

I certify that I have read, fully understand and accept all terms of the foregoing "Statement of Applicant."

Applicant's Signature _____ **Date** _____

Voluntary Affirmative Action Information

We consider all people applying for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

This form is to be completed by applicant on a voluntary basis. Not to be used for interviewing purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we ask you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

This survey is **not** a part of your official employment application. It will not be used in any hiring decision. The information will be used and kept confidential, in accordance with applicable laws and regulations.

Please Print

Position(s) applied for _____ Date _____

Referral Source

- | | | |
|---|---|--|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement - Source _____ | | <input type="checkbox"/> Other _____ |

Name of person who referred you, if applicable: _____

Applicant Information

Name _____ Telephone Number (____) _____

Address _____
Last First Middle Street City State Zip Code

- Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | | |
|---|--|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Hispanic/Latino (White race only) | <input type="checkbox"/> White |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Hispanic/Latino (all other races) | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Asian | | |

For Administrative Use Only

Positions applied for Available Not Available Other

Other positions considered for _____

Hired Yes No

Position hired for _____

From the EEO job classifications listed below, which one best describes the position filled?

- | | | |
|---|--|--|
| <input type="checkbox"/> Officials and Managers | <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Office and Clerical Workers | <input type="checkbox"/> Laborers (unskilled) |
| <input type="checkbox"/> Technicians | <input type="checkbox"/> Craft Workers (skilled) | <input type="checkbox"/> Service Workers |

Notes _____

Completed by _____ Date _____

*Applicant: Please do not complete sections below your signature.
Return this form to LifeNet as a part of your employment application. Thank you.*

REFERENCE RELEASE FORM

I have applied for employment with LifeNet Community Behavioral Healthcare and have listed you as a reference. Please provide answers to the following questions and fax this form to Jan Hunt, HR Manager, at 214-932-1978, or email to jhunt@lifenettxas.org.

By this authorization, I hereby release you from any liability or action based upon the content of your answers. Thank you for your cooperation and assistance.

Sincerely yours,

Applicant's Signature _____ Date: _____

Applicant's Name: _____

Dates in your employ: From (Month) _____ (Year) _____ To (Month) _____ (Year) _____

Position Held: _____

Employer:

Is the information listed above correct? Yes No

If no, please supply the correct information: _____

Why did applicant leave your employ? _____

Would you re-employ? Yes No

If no, why not? _____

Please rate applicant on the following characteristics:

Quality of work: Poor Fair Average Very Good Excellent

Quantity of work: Poor Fair Average Very Good Excellent

Attendance: Poor Fair Average Very Good Excellent

Dependability: Poor Fair Average Very Good Excellent

Cooperativeness: Poor Fair Average Very Good Excellent

To your knowledge, in accordance with the Texas Civil Practice Remedies Code §81.003, has the applicant ever been found guilty of client rights violation or abuse, neglect or sexual exploitation? Yes No

If yes, were these occurrences reported to the proper authorities? Yes No

Completed by (please print): _____ Title: _____

Signed: _____ Date: _____

THANK YOU IN ADVANCE FOR YOUR ASSISTANCE. LifeNet Community Behavioral Healthcare

NOTICE TO APPLICANTS

LifeNet Community Behavioral Healthcare has a vital interest in maintaining safe, healthful and efficient working conditions for its employees and clients. Using or being under the influence of drugs or alcohol on the job may pose serious safety and health risks, not only for the user but to the public, our clients and all those who work with the user. The possession, use or sale of an illegal drug or controlled substance may also pose unacceptable risks to safe, healthful and efficient operations.

To meet this compelling agency interest, individuals who wish to be considered for employment must agree to **SUBMIT TO PRE-EMPLOYMENT DRUG SCREENING, AS WELL AS DRUG AND ALCOHOL SCREENING AND SEARCHES DURING EMPLOYMENT**, when requested to do so by management.

By completing and signing this Notice and the attached Application of Employment, the applicant understands and agrees to submit to pre-employment drug screening and to drug and alcohol screening and searches during the course of employment, as provided for in LifeNet's Drug and Alcohol Policy. The applicant further understand and agrees to release LifeNet and its directors, officers, agents, employees, parents, subsidiaries and affiliated concerns from any and all liability, claims, demands, damages and causes of action of every kind and nature arising out of or resulting from or in connection with submitting to drug and alcohol screening or searches and any decision concerning employment made by LifeNet in whole or in part, based upon the results of drug and alcohol screening or searches.

Signature of Applicant

Dated