



EMPLOYMENT APPLICATION

Today's Date: _____ How Did You Hear About Us? _____

PERSONAL INFORMATION	Last Name		First Name		Middle Initial	
	Current Street Address			City	State	Zip Code
	Home Phone () ()		Cell Phone () ()		Email Address	
	Are you AT LEAST 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Can you furnish proof that you have the right to employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Position Applying For				Salary Requirement	
	Are You Available To Work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time				Available Start Date	
	Which shift(s) are you interested in? <input type="checkbox"/> Office (8am – 5 pm) <input type="checkbox"/> 1 st shift (7am-3:30 pm) <input type="checkbox"/> 2 nd shift (3pm -11:30 pm) <input type="checkbox"/> 3 rd Shift (11pm – 7:30 am)					
	Have you ever been employed or contracted by True Behavioral Health/True Recovery? If YES, when and what position(s)?					
Have you applied for another position at True Behavioral Health/True Recovery? If YES, when and what position(s)?						

BEGIN WITH CURRENT OR MOST RECENT EMPLOYMENT (Do not simply write "see resume" or leave blank)

EMPLOYMENT	Employer Name, Address, and Phone		Employed From (Month/Year)
			Employed To (Month/Year)
	Job Title		Reason For Leaving
	Work Performed		
	If still employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Supervisor Name:		Phone Number:

EMPLOYMENT	Employer Name, Address, and Phone		Employed From (Month/Year)
			Employed To (Month/Year)
	Job Title		Reason For Leaving
	Work Performed		
	If still employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Supervisor Name:		Phone Number:

EMPLOYMENT	Employer Name, Address, and Phone		Employed From (Month/Year)
			Employed To (Month/Year)
	Job Title		Reason For Leaving
	Work Performed		
	If still employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Supervisor Name:		Phone Number:

UNEMPLOYMENT	Please count for any time you were not employed in the last five years. You need not list any unemployed periods of one month or less. (Note: Periods of unemployment will not necessarily disqualify an applicant.)	
	<u>Time Period</u>	<u>Reason(s) Unemployed</u>
	_____	_____
	_____	_____
(Please attach additional sheets, if insufficient space)		

EDUCATION & SKILLS	Last Level Completed			
	<input type="checkbox"/> High School <input type="checkbox"/> College/University <input type="checkbox"/> Graduate School			
	Name of High School, Vocational School, and College/University	City/State	Major	Degree
	_____	_____	_____	_____
	_____	_____	_____	_____
Describe any additional educational, vocational, professional, or military training you feel may be relevant.				
Computer Proficiency - Software applications (e.g., MS Office) and level of proficiency (beginning, intermediate, advanced)				

LICENSES	Type of Professional License/Certification	State	License#	In Good Standing?
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

PERFORMANCE OF JOB-RELATED FUNCTIONS	
Are you able to perform the essential functions of the job, with or without reasonable accommodation, for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do You Currently Take Any Illegal Drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe Fully _____	

Do you use alcohol to the extent that you would be prevented from performing the essential functions of the job for which you are applying, with or without reasonable accommodations? Yes No

If requested, are you available to work (check as many that would apply):

Weekends Evenings Days Overtime

SERVICE RECORD

U.S Military Service _____ Rank _____

Relevant Skills acquired during your military service _____

Current Status of Your Military Service _____

REF	Name of Professional Work-Related Reference	Phone	Relationship

From time to time, **True Behavioral Health/True Recovery** may obtain information about you from public records. If you wish to waive your right to receive a copy of any public record, you should check the following box

APPLICANT ACKNOWLEDGMENT

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that any misstatement or omission of information is grounds for ending the hiring process or dismissal. I understand that completion of this application does not constitute an offer or promise of employment. I authorize **True Behavioral Health/True Recovery "TBH/TRUE"** to contact my references and understand that as a condition of employment, the company will require successful completion of a background check that complies with the company's pre-employment screening policies.

If hired, I will comply with all company policies and procedures. I understand that my employment will be At-Will and can be terminated by either party at any time with or without cause or notice.

APPLICANT SIGNATURE: _____ DATE: _____

AUTHORIZATIONS

IMPORTANT: PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

"I declare under penalty of perjury under the laws of the State of California that the facts contained in this application or any resume or other documentation submitted are true and completed to the best of my knowledge. I understand that any false information or significant omissions will disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered at a later date."

INITIALS

"I authorize the investigation of all statements contained in this application (and accompanying resume or other documentation, if any) and further authorize any person, school, current employer (except as expressly noted), past employer(s), consumer report agency and organizations, whether or not named in this application form (and accompanying resume or other documentation, if any, to provide **TBH/TRUE** with records, information and opinion that may be useful in making a hiring decision. I release all such informants and True from all liability for any decision, claim or damage that may result from furnishing and/or relying on such information and opinion (which is truthful or made in good faith) to you."

INITIALS

"If requested by **TBH/TRUE** following a conditional offer of employment, I give permission for a pre-employment background investigation and/or drug screening exam and medical examination. I also consent to the appropriate release of the results of the pre-employment drug screening and of the medical examination, as may be deemed necessary, and agree to execute any release or other documentation necessary to effectuate this consent."

INITIALS

"I understand that, if hired, and during my employment, I shall always give preference to **TBH/TRUE's** business. I further agree not to use or disclose **TBH/TRUE's** trade secrets or confidential or proprietary information to anyone outside of **TBH/TRUE** or anyone within **TBH/TRUE** who is not authorized to have the information. I further agree to execute any documentation necessary to effectuate this provision. I will not engage in other activities that create a conflict of interest with my position with True unless give permission in writing by **TBH/TRUE.**"

INITIALS

AGREEMENT FOR AT-WILL EMPLOYMENT

"If I become employed, in consideration of my employment, I agree that my employment will be at-will, and may be terminated with or without cause, and with or without notice, at any time at the option of myself or **True Behavioral Health/True Recovery**. I understand and acknowledge that only the President/CEO of **TBH/TRUE** has the authority to enter into an employment agreement for a specified period of time or for termination only for cause, and any such agreement must be in writing. I understand and acknowledge that this constitutes the entire agreement between me and **TBH/TRUE** regarding the term of my employment and supersedes any other oral or written agreement."

INITIALS

COMPLIANCE WITH RULES

"If become employed, in consideration of my employment, I agree to comply with the rules, regulations, policies and procedures of **TBH/TRUE.**"

INITIALS

PRE-EMPLOYMENT DOCUMENTS

"If offered employment, I understand that I will be required to review, complete and execute various employment documents (including, but not limited to, this application, employee handbook and employee handbook receipt form, confidentiality and non-disclosure agreements), and agree that the process of my being hired will not be completed until all employment documents have been signed."

INITIALS

DISCLOSURE FOR INFORMATION COLLECTED DURING EMPLOYMENT

If I become employed, I agree to release all information collected by **TBH/TRUE** to third parties with whom **TBH/TRUE** works with to provide employee services such as Healthcare Providers, Payroll Processors, Background Check Investigators and other similar entities.

INITIALS

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

True Behavioral Health/True Recovery is an Equal Employment Opportunity employer. It is the policy of TBH/TRUE to consider all job applications on the basis of merit without regard to race, color, gender, religion, age, pregnancy, national origin, ancestry, marital status, disability, veteran status, sexual orientation or any other protected characteristic.

NOTICE: Thank you for completing this application form. If there is a current opening in the positions(s) for which you are seeking and the information in your application suggests you meet minimum qualifications and are among the best-qualified candidates for that position, you may be contacted for an interview. If you are interviewed, you will be informed of a final decision once the entire interview process is completed.