

# THE BRIDGE BEHAVIORAL HEALTH

## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of The Bridge Behavioral Health. The information requested on this form is sought in good faith and will not be used to discriminate on the basis of race, color, national origin, sex, marital status, religion, disability or political affiliation.

Applicant Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Street Address) (City, State, Zip)

Phone Number You Can Be Reached At: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Have you ever used any other name not listed above?  Yes  No If yes, what name(s) \_\_\_\_\_

### GENERAL INFORMATION

Professional Position(s) applying for or type of work desired: \_\_\_\_\_

License/Certificate #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Drivers License Number/Expiration Date: \_\_\_\_\_

Can you submit proof of legal employment authorization and identity?  Yes  No

Have you ever been previously employed by our organization?  Yes  No

If yes, dates: \_\_\_\_\_ reason for leaving: \_\_\_\_\_

Have you ever been convicted of a violation of law other than a minor traffic violation?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you or are you involved in pretrial or probation services?  Yes  No

If yes, please explain the situation and length of time you will be on pretrial or probation: \_\_\_\_\_

Employment Availability:  Fulltime  Part Time

Shift Availability:  Days  Nights  
(12 hour shifts)

Date Available to Start: \_\_\_\_\_

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Job Referral Source: \_\_\_\_\_  
(Please indicate job advertisement, website, name of person, etc.)

Did you view this opening at [www.nebraskabehavioralhealthjobs.com](http://www.nebraskabehavioralhealthjobs.com)? Yes \_\_\_\_\_ No \_\_\_\_\_

## EMPLOYMENT HISTORY

***Beginning with your most recent employment, please provide all employment information. Describe your work history in detail. A resume may be attached but the information below must be completed on this form***

**Employer:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Supervisor/Telephone Number:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_ **Salary:** \_\_\_\_\_

**Job Summary:** \_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Supervisor/Telephone Number:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_ **Salary:** \_\_\_\_\_

**Job Summary:** \_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Supervisor/Telephone Number:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_ **Salary:** \_\_\_\_\_

**Job Summary:** \_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

With any previous employers did you have any loss or limitation of privileges, or disciplinary actions?

Yes  No If yes, please explain: \_\_\_\_\_

## OTHER SKILLS AND/OR QUALIFICATIONS

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Summarize any job-related training, skills, licenses, certificates and/or other qualifications: \_\_\_\_\_

\_\_\_\_\_ CPR  Yes  No

Bilingual:  Yes  No If yes, languages spoken: \_\_\_\_\_

## EDUCATIONAL RECORD

List school name and location, years completed, course of study and any degrees earned:

High School/GED: \_\_\_\_\_

Vocational School: \_\_\_\_\_

College: \_\_\_\_\_

Other: \_\_\_\_\_

## WORK REFERENCES

List 3 work references including company names, phone numbers and years known (*do not include relatives or friends*):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered. If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of The Bridge Behavioral Health not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation required by the American Disabilities Act.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

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If hired, probationary, temporary and unclassified employees have no rights to regular status employment or appeal rights if terminated. This application must be signed for consideration of employment at The Bridge Behavioral Health. I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

I attest to the following:

- Capable of performing essential functions of the job applied for with or without special accommodations
- No use of illegal substances
- No history of loss of applicable licenses to perform the job
- Will disclose any current or past adverse actions that may present risk management concerns (malpractice actions, insurance cancellations, criminal convictions, Medicare/Medicaid sanctions, ethical violations)

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

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