

# WOODRIDGE BEHAVIORAL CARE, LCC

## APPLICATION FOR EMPLOYMENT

Pre-employment questionnaire – An Equal Opportunity Employer

### PERSONAL INFORMATION

Name (Last Name First)		Social Security Number		
Present Address	Apt No.	City	State	Zip
Permanent Address	Apt No.	City	State	Zip
Are you 21 years or older?		Phone	Cell	
Yes <input type="checkbox"/> No <input type="checkbox"/>		(    )	(    )	

### DESIRED EMPLOYMENT

Position	Date you can start	Desired Salary
Are you employed now?		If so may we inquire of your present employer?
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Ever applied to this company before?	Where?	When?
Yes <input type="checkbox"/> No <input type="checkbox"/>		
Ever worked for this company before?	Where?	When?
Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for Leaving		
Name of Last Supervisor at this company		
Who referred you to this company?		
Employment Agency <input type="checkbox"/>	Newspaper Ad <input type="checkbox"/>	Friend <input type="checkbox"/>
State Employment Office <input type="checkbox"/>	College Placement Service <input type="checkbox"/>	Walk in <input type="checkbox"/> Other <input type="checkbox"/>

### EDUCATION

School Level	Name and location of school	# Years attended	Subject Studied	
High School				
College				
Trade, Business, Or Correspondence School				

**GENERAL**

Subjects of special study or research work

Special training

Special Skills

**EMPLOYMENT HISTORY**

List all employment for past ten years, whether or not it seems relevant to the position for which you are applying (attach paper if necessary). Please complete even if you have submitted a resume. Begin with most recent employer.

Company Name

Address

Start Date:

End Date:

Job Title:

Ending Salary \$

Supervisor's Name:

Reason for leaving:

Major Responsibilities

Company Name

Address

Start Date:

End Date:

Job Title:

Ending Salary \$

Supervisor's Name:

Reason for leaving:

Major Responsibilities:

Company Name

Address

Start Date:

End Date:

Job Title:

Ending Salary \$

Supervisor's Name :

Reason for leaving:

Major Responsibilities

Company Name

Address

Start Date:

End Date:

Job Title:

Ending Salary\$

Supervisor's Name:

Reason for leaving:

Major Responsibilities:

Below, give the names of three people you are not related to, whom you have known for at least one year.			
NAME	BUSINESS/ADDRESS	PHONE	# YEARS KNOWN
1			
2			
3			

Computer Software used:

Windows \_\_\_\_\_ Word \_\_\_\_\_ PowerPoint \_\_\_\_\_ Excel \_\_\_\_\_ Lotus \_\_\_\_\_

SERVICE RECORD	
Branch of Service	Discharge Date and Rank

Have you ever been convicted of a crime (felony or misdemeanor)?	YES [ ] NO [ ]
If yes, please explain (will not necessarily exclude you from consideration):	

In filling out this application, I understand that if I am offered and accept employment with Woodridge Behavioral Centers LLC, or any of its subsidiaries, that I will be employed at the will of the Company for an indefinite period. Accordingly, I understand that I may resign from the Company at any time, for any reason, and may be terminated by the Company at any time, for any reason.

I understand that any employment or offer of employment arising out of this Employment Application will be subject to satisfactory verification of all job qualifications which may include academic credentials, licenses, professional designations, and employment history. I authorize Woodridge Behavioral Centers LLC, or any of its subsidiaries, to contact any of my schools or former employers. I authorize any former employer(s) and school(s) and their agents to provide such information and agree to hold them harmless from all liability arising out of providing such information.

I further understand that employment may be contingent upon a pre-employment drug or alcohol screen. In addition, a criminal background investigation may be conducted.

I hereby certify that the information contained in this Employment Application and on my resume, if applicable, is true and accurate. I understand that if I become employed, any misrepresentation and/or omission of any facts on this Employment Application and/or resume is sufficient cause for summary dismissal when it is discovered.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**THIS APPLICATION IS THE PROPERTY OF WOODRIDGE BEHAVIORAL CARE, LCC**