TEAMCare
Behavioral Health, LLC

EMPLOYMENT APPLICATION

Please fill in all areas requested and sign the application. Applicants or Employees may be tested for illegal substances.
We are an Equal Opportunity Employer who does not discriminate on the basis of race, color, age, gender, religion, disability or national origin.
Consistent with the Americans with Disabilities Act (ADA), please request any accommodation necessary for the application for employment process.

How Did You Learn About Us?

☐ Advertisement ☐ Relative/Friend ☐ Inquiry ☐ Internet ☐ Other (please specify) _____

Name _____ Date _____
Last First M. Initial

Present_____

Address Number Street Name City State Zip Code

How have long you lived at this address? _____ If less than 5 years, provide previous addresses for the past 5 years:

_____

Do you own or rent your current residence? Own Rent

Home phone_____ Work phone _____Cell phone _____ Best time to contact you : _____

Position applied for _____

Essential Functions: The positions of employment for **TEAMCare Behavioral Health, LLC** require that, at a minimum, all employees be able to: 1) Speak, read, write & understand English (or Spanish as advertised positions require), 2) Be able to follow written/oral instructions, 3) Maintain good personal hygiene & grooming habits 4) acquire & maintain all required licenses & certifications, 5) Be able to communicate effectively with co-workers and clients, including have the ability to hear sufficiently (or communicate in sign language as advertised positions require), 6) Be able to stand, sit or walk for long periods, 7) be able to bend, crawl, stoop, 8) be able to lift 20 lbs in weight, and for TSS employees: 9) have a valid, non-expired driver's license.

Based on the Essential Functions above, do you require "reasonable accommodation" under the ADA in order to perform the work of **any** of the Company's positions? If so, what reasonable accommodation?
Can you perform the essential functions of the job for which you are applying, either with or without a reasonable accommodation? Yes No

Salary desired _____ M T W Th F Sat Sun
Hours Available _____

Type of employment: Full-Time Part-Time

Date available to start work _____

Are there any circumstances that would prevent you from being able to report on time for work or perform work for the Company or follow their policies?

Are you currently on "lay off" status and subject to recall? Yes No
Have you ever applied with our Company before? Yes No If yes, for what position/on what date? _____
Have you ever been fired from another position? Yes No If so, what Company and why?

Are you over 18 years of age? Yes No

Are you a U.S. Citizen? Yes No Are you legally eligible to work in the U.S.? Yes No

Do you currently have: 1) Any licenses or certifications in PA? Yes No Please list them:

Education

Type of School	Name of School	Address	Years Completed	Major/Degree

HAVE YOU EVER BEEN CHARGED WITH A FELONY, MISDEMEANOR OR ANY CRIMINAL OFFENSE? NO YES
HAVE YOU EVER BEEN CONVICTED OF A FELONY, MISDEMEANOR OR ANY CRIMINAL OFFENSE? NO YES

If the answer is yes, please explain the offenses charged or convicted, the date, the sentence imposed, and/or other pertinent information.

TEAMCare
Behavioral Health, LLC

EMPLOYMENT APPLICATION – Page 2

Specialized Skills: __ PC/MAC __QuickBooks __ Spreadsheet Other (please list) _____

WORK EXPERIENCE (Please fill in all areas requested)

Employer Name, Address & Telephone	Name of Supervisor	Employment Dates	Salary
	Position Title & Duties		
Reason for leaving (specifically)			

Employer Name, Address & Telephone	Name of Supervisor	Employment Dates	Salary
	Position Title & Duties		
Reason for leaving (specifically)			

Employer Name, Address & Telephone	Name of Supervisor	Employment Dates	Salary
	Position Title & Duties		
Reason for leaving (specifically)			

May we contact your present employer? Yes No (If not, please tell us why)

Did you complete this application yourself? Yes No If not, name of person who did _____

Have you ever been in the U.S. Armed Forces? Yes No
If so, please list the branch, your dates of service, your rank and your duties

_____

_____

If discharged from the U.S. Armed Forces, were you honorably discharged? Yes No If no, please explain.

_____

TEAMCare
Behavioral Health, LLC

EMPLOYMENT APPLICATION – Page 3

Please fill in all areas requested and sign the application. Applicants may be tested for illegal substances.

REFERENCES

List the information for three (3) references for persons not related to you whom you h**ave known for at least 1 year. At least 2 of the 3 must be former employment/supervisor references.**

Name	Phone Number	E-mail Address	Relationship	Job Title of Reference

DRIVER'S LICENSE INFORMATION

Do you have a current, valid driver's license? Yes No If other than a PA license, put State _____
Has your driver's license ever been suspended? Yes No If yes, please explain?

Driver's License No.	State Issued	Expiration Date	Class

Do you currently have valid vehicle insurance? Yes No If yes, name of insurer _____
Policy number of insurer? _____
Have you had any motor vehicle accidents in the last three (3) years? Yes No
If the answer is yes, how many? _____
Please describe the circumstances and if you were cited as a result?

Have you had any moving violations in the last three (3) years? Yes No If yes, how many? _____

I certify that the facts contained in this employment application are true, complete and correct to the best of my knowledge. I understand that any false information, omission or misrepresentation may be cause for refusal to hire or termination, or if I have been employed by the Company, no matter on what date discovered by the Company, my employment may be terminated at the time such is discovered.

I authorize the Company to contact my references to obtain information about myself and my character. I further authorize the Company to thoroughly investigate and perform background/criminal background/credit checks as necessary to obtain information regarding my employment history, my educational history, character, and any other necessary information in order to determine my suitability for employment with the Company. I release from liability any and all persons/companies that supply information and indemnify and hold harmless TEAMCare Behavioral Health, LLC from any liability that may result therefrom. I authorize and agree that the Company may ask me to participate in a Drug & Alcohol test and physical examinations/tests if a job offer is made and that any employment is contingent upon satisfactory completion of the test and examination.

I understand and agree that nothing contained in this application, or conveyed during interview, is intended to create an employment contract, unless a contract is memorialized in writing and signed by all relevant parties. I understand and agree that, if hired, my employment is "at will" and without fixed term, and may be terminated at any time, with or without cause or prior notice, at the option of either myself or the company.

I understand that completing this form does not indicate that there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

DATE _____ SIGNATURE OF APPLICANT _____