

Revised 2/25/15



Application for Employment

_____	_____	_____
Last Name	First Name	MI

SJBHR IS AN EQUAL OPPORTUNITY EMPLOYER

Application for Employment

Personal Data							
Last Name	First Name	M.I.	Date of Application				
Address						Home Phone	
City, State, Zip Code				Email Address:		Daytime Phone No.	
Position applied for:				Referred by:			
Have you previously been employed by South Jersey Behavioral Health Resources, Inc.? Yes <input type="checkbox"/> No <input type="checkbox"/>						Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If _____ From _____ to _____							
Work Hours/Shift Preferred Check all that apply	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	On-Call <input type="checkbox"/>	Days <input type="checkbox"/>	Evenings <input type="checkbox"/>	Nights <input type="checkbox"/>	Weekends <input type="checkbox"/>
Overtime may be required from time to time. Will you be able to complete overtime work if required? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Are you able to perform the essential functions of the job as described with or without accommodations? Yes <input type="checkbox"/> No <input type="checkbox"/>							
If no, please explain:							
*All statements made by applicants for employment may be checked for accuracy.							

Employment History	
(Please complete the following beginning with your most recent position and going back for 10 years including any military service) A resume may be attached; however, all information requested on the application and not contained in the resume must be completed in order to be considered for any position with the company. Please attach additional history if necessary.	
Employer	Dates Employed (Mo/Year) From To
Address	Telephone ()
City, State, Zip	Hourly/Annual Pay
Title/Position	Supervisor's Name and Title
Briefly describe your duties:	Hours worked per week:
Reason for leaving:	May we contact this employer?

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Address	Telephone ()
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Address	Telephone ()
City, State, Zip	Hourly/Annual Pay
Title/Position	Supervisor's Name and Title
Briefly describe your duties:	Hours worked per week:
Reason for leaving:	May we contact this employer?

Education						
	Name of School	Location	Course of Study (Major)	Did you graduate?	Number of years completed	Degree, GED or Diploma
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>		
College				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Graduate School				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Business, Trade or Technical School				Yes <input type="checkbox"/> No <input type="checkbox"/>		

References				
List names and telephone numbers of three business/work references who are <i>not</i> related to you and are <i>not</i> previous supervisors. If not applicable, list three school or personal references that are <i>not</i> related to you.				
Name	Title	Relationship to You	Telephone	Number of Years Known
			()	
			()	
			()	

Skills/Training	
Special skills you possess or specific training received that may be applicable to the positions being applied for:	
<input type="checkbox"/> Word Processing Software _____ <input type="checkbox"/> Presentation _____	
<input type="checkbox"/> Spreadsheet Software _____ <input type="checkbox"/> Internet _____	
<input type="checkbox"/> E-Mail _____ <input type="checkbox"/> Other _____	
<input type="checkbox"/> Proficiency in languages other than English. If so, please list languages _____ <input type="checkbox"/> Read <input type="checkbox"/> Write	

Related Information
To what professional organizations (professional, trade, etc.) do you belong?

Professional Registration/Licensure or Certification

Type	State	ID No.	Expiration Date

Other states where you are currently or were formerly registered?

Is your professional license or registration currently suspended or revoked or previously suspended or revoked in any state? Yes No

If Yes , explain:

Do you have a valid driver’s license? _____

Do you have a National Provider Identifier (NPI)? Yes No NPI # _____

Are you enrolled as a Medicare provider? Yes No Medicare # _____

Are you enrolled as a Medicaid provider? Yes No Medicaid # _____

Are you enrolled in CAQH? Yes No CAQH # _____

Certification

By signing this application, and as an applicant for employment, I understand and certify the following:

- I certify that all information I have provided in order to apply for and secure work with South Jersey Behavioral Health Resources, Inc. is true, complete and correct.
- I expressly authorize without reservation South Jersey Behavioral Health Resources, Inc (SJBHR), its representatives, employees or agents to contact and obtain information from all references (personal and professional), employees, 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 SJBHR, 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.
- 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 SJBHR reserves the same 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 or definite duration. I understand that no supervisor or representative of SJBHR is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the President/CEO of SJBHR.
- 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.
- SJBHR does not tolerate unlawful discrimination in its employment practices. No questions on this application are used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age disability, or any other protected status under applicable federal, state, or local law. SJBHR likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age disability, or any other protected status. SJBHR takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.
- I understand that any information provided by me that is at any point found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration of employment, or (ii) may result in my immediate discharge from the employer’s service, whenever it is discovered.

Applicant’s Signature

Date

**South Jersey Behavioral Health Resources, Inc.
2500 McClellan Ave., Suite 300
Pennsauken, NJ 08109**

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www.sjbhr.org