



**COMPUTER SOFTWARE OR WORD PROCESSING** (Specify equipment):

**LANGUAGES OTHER THAN ENGLISH:**

**PROFESSIONAL LICENSE:**

<i>Type of License/Certification</i>	<i>Issuing State</i>	<i>License Number</i>	<i>Expiration Date</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PROFESSIONAL ACTIVITIES:** (List professional affiliations, trade, or business activities and offices held)

Are you currently certified to administer: \_\_\_ CPR \_\_\_ First Aid \_\_\_ Mandt \_\_\_ Other

**EXPERIENCE:**

Starting with the most recent, describe all paid, military and applicable voluntary experience. Highlight the knowledge, skills and abilities that demonstrate your qualifications for this position. Use additional attachments if necessary.

Job Title \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_  
Title \_\_\_\_\_  
Salary (start) \_\_\_\_\_ Salary (Final) \_\_\_\_\_  
Dates (mm/yy) \_\_\_\_\_ To (mmyy) \_\_\_\_\_

Duties \_\_\_\_\_  
Number employees supervised \_\_\_\_\_  
Equipment used \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Name, if different \_\_\_\_\_

Job Title \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_  
Title \_\_\_\_\_  
Salary (start) \_\_\_\_\_ Salary (Final) \_\_\_\_\_  
Dates (mm/yy) \_\_\_\_\_ To (mmyy) \_\_\_\_\_

Duties \_\_\_\_\_  
Number employees supervised \_\_\_\_\_  
Equipment used \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Name, if different \_\_\_\_\_

Job Title \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_  
Title \_\_\_\_\_  
Salary (start) \_\_\_\_\_ Salary (Final) \_\_\_\_\_  
Dates (mm/yy) \_\_\_\_\_ To (mmyy) \_\_\_\_\_

Duties \_\_\_\_\_  
Number employees supervised \_\_\_\_\_  
Equipment used \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Name, if different \_\_\_\_\_

Job Title \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Immediate Supervisor \_\_\_\_\_  
 Title \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ Salary (Final) \_\_\_\_\_  
 Dates (mm/yy) \_\_\_\_\_ To (mmyy) \_\_\_\_\_

Duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Number employees supervised \_\_\_\_\_  
 Equipment used \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Name, if different \_\_\_\_\_

**REFERENCES:**

List three persons who are not related to you who know your qualifications or your character.

Name	Address	Phone	Relationship	Occupation

**MISCELLANEOUS:**

Other than violations committed as a juvenile (under 18 years of age) have you ever been convicted of any violations of the law?  
 (Conviction will not necessarily disqualify an applicant from employment) \_\_\_Yes \_\_\_No

Please note the type of violation(s):  Felony  Misdemeanor  Traffic (moving) violation-excluding minor traffic violations

Description of offense(s): \_\_\_\_\_

Date of charge(s): \_\_\_\_\_ Date of Conviction(s): \_\_\_\_\_ County, City, State of Conviction(s): \_\_\_\_\_  
 If more than one offense, please include additional information on an attached plain sheet of paper.

For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? \_\_\_Yes \_\_\_No

*Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.*

Do you have or are you eligible to obtain a valid Virginia driver's license? \_\_\_Yes \_\_\_No

Have you previously been employed by Blue Ridge Behavioral Healthcare: \_\_\_ Yes \_\_\_No  
 If Yes, please state which program center/department: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Were you referred to this position by a current employee of Blue Ridge Behavioral Healthcare? \_\_\_Yes \_\_\_No  
 If Yes, please state name of employee who referred you: \_\_\_\_\_

Have you received disciplinary action, been placed on probation or been investigated by any state licensing board(s)?  
 \_\_\_Yes \_\_\_No If Yes, please explain: \_\_\_\_\_

Do you have any relatives or persons living with you who are employed with Blue Ridge Behavioral Healthcare?  
 \_\_\_Yes \_\_\_No If Yes, please state names of individual(s): \_\_\_\_\_

**CERTIFICATION – (Each application requires current date and original signature)**

*I hereby certify that information provided on this application is true, accurate and complete. I understand that the falsification or omission of facts on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment regardless of when or how discovered. I understand that all information on this application is subject to verification and I consent to provide personal information and fingerprinting for a criminal history background check. I understand that an offer of employment will be contingent upon a background check satisfactory to Blue Ridge Behavioral Healthcare. I also consent to references and former employers and educational institutions being contacted regarding this application. I release all such persons from liability or damages incurred as a result of inquiry and furnishing this information. I understand that my employment is not for a definite period of time and is terminable at-will by my employer or myself. In consideration of my employment, I agree to conform to the rules and regulations of Blue Ridge Behavioral Healthcare. The needs of the agency may make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I accept these conditions.*

I have read and understand this agreement and certify that the information I have provided in my employment application is true and complete.

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

# **CONFIDENTIAL INFORMATION**

## **BLUE RIDGE BEHAVIORAL HEALTHCARE DEPARTMENT OF HUMAN RESOURCES AND WORKFORCE DEVELOPMENT**

### **EQUAL EMPLOYMENT OPPORTUNITY DATA**

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

I agree to provide Equal Employment Opportunity information

I do not agree to provide Equal Employment Opportunity information

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Full-Time       Part-Time       Relief

Please check the appropriate block:       Male       Female

Date of Birth: \_\_\_\_\_

Please Check One of the Following:

- Race/Ethnic Group       White (includes Arabian)
- Black (includes Jamaican, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent)
- Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
- Asian & Asian American (includes Pakistanis, Indians and Pacific Islanders)
- American Indian (includes Alaskans)

- Please check the block for the Highest level of education you Have completed (check only one)
- |   |  |
|---|--|
| <input type="checkbox"/> Less than 8 <sup>th</sup> grade    | <input type="checkbox"/> College graduate                            |
| <input type="checkbox"/> Completed 8 <sup>th</sup> grade    | <input type="checkbox"/> Attended graduate school                    |
| <input type="checkbox"/> Attended high school               | <input type="checkbox"/> Master's degree                             |
| <input type="checkbox"/> High school graduate or equivalent | <input type="checkbox"/> Graduate study beyond master's requirements |
| <input type="checkbox"/> Attended college                   | <input type="checkbox"/> Ph.D or professional degree                 |

Please check, if applicable:       Veteran