



Application for Employment

Please return to: Human Resources — {address or email}

AN EQUAL OPPORTUNITY EMPLOYER

Trillium Behavioral Health is an equal opportunity employer. Trillium does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristics protected by applicable state or federal civil rights laws.

DRUG SCREENING

Trillium Behavioral Health is committed to maintaining a DRUG-FREE workplace. All offers of employment are contingent upon successful completion of a post-offer physical exam which includes drug screening.

BACKGROUND CHECK

Among other things, Trillium Behavioral Health is concerned about violence in the workplace, falsified employment applications, and employee theft. We will conduct a full background check on all candidates for employment.

E-VERIFY

Trillium Behavioral Health participates in E-Verify. E-Verify is used only to confirm work authorization upon hiring.

JOB INTEREST

POSITION(S) APPLIED FOR:

- 1) _____
- 2) _____
- 3) _____

I PREFER: FULL TIME PART TIME TEMP PRN

DAY SHIFT EVENING SHIFT NIGHT SHIFT

DATE AVAILABLE: _____ SALARY DESIRED: _____

PERSONAL INFORMATION

FULL NAME: _____ DATE: _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ PHONE: _____

SOCIAL SECURITY NUMBER (SSN): _____ - _____ - _____

PREVIOUS APPLICATIONS

HAVE YOU EVER APPLIED FOR A POSITION WITH TRILLIUM BEHAVIORAL HEALTH BEFORE? YES NO

Have you applied within the last 6 months? YES NO

Were you interviewed? YES NO

If yes, what positions have you applied for? YES NO

HOW WERE YOU REFERRED TO US?

Advertisement: _____ Employee: _____ School: _____ Walk-In: _____
(Publication) (Name) (Name)

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY TRILLIUM BEHAVIORAL HEALTH?

YES NO

If yes, when? _____ Name worked under, if different: _____

GENERAL INFORMATION

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATION(S)?

YES NO

(Job description is available for your review with Human Resources Dept.)

If necessary, please describe what type(s) of reasonable accommodation(s) is/are needed:

AGE IF UNDER 18: Date of Birth: _____ (Upon hiring, you will be required to submit proof of age if under 18 and you will be required to have a valid work permit.)

IF OFFERED EMPLOYMENT, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO

ARE YOU RELATED TO ANY PRESENT EMPLOYEE OF TRILLIUM BEHAVIORAL HEALTH?

YES NO

If yes, who? _____ Relationship: _____

MILITARY INFORMATION

WERE YOU EVER IN THE MILITARY? YES NO

If yes, what branch? _____ what rank attained? _____

SPECIAL SKILLS and TRAINING

(This information is only taken into consideration to the extent that it is relevant)

SPECIFY NUMBER OF MONTHS/YEARS OF EXPERIENCE AND/OR SPEED

EXPERIENCED ON A HOSPITAL COMPUTER SYSTEM? YES NO

Describe: _____

MEDICAL TERMINOLOGY _____

WORD PROCESSING (Speed) _____ Date last tested _____ Software used _____

SPREADSHEET (Software used) _____

10 KEY (touch) YES NO PBX (Type Board) _____

TYPING (Speed) _____ Date last tested _____

PROFESSIONAL LICENSES / REGISTRATIONS / CERTIFICATIONS

TYPE	NUMBER	STATE ISSUED	DATE ISSUED	EXPIRES ON

HAS YOUR PROFESSIONAL LICENSE EVER BEEN REVOKED OR SUSPENDED? YES NO
 If yes, why? _____

EDUCATIONAL RECORD

SCHOOL	ADDRESS	YEARS ATTENDED	MAJOR FIELD OF STUDY	DEGRE AWARDED
High School:				
Vocational:				
College:				
College:				

ADDITIONAL COURSEWORK OR EDUCATION YOU WISH TO BE CONSIDERED:

PLEASE LIST SPECIFIC SKILLS, TRAINING, EXPERIENCE AND QUALIFICATIONS RELEVANT TO THE POSITION FOR WHICH YOU HAVE APPLIED:

EMPLOYMENT HISTORY

(Most recent employer first - explain lapses in employment between jobs)

EMPLOYER (Include Address and Contact Number)	TYPE OR WORK TITLE	DATES OF EMPLOYMENT	SUPERVISOR'S NAME & TITLE	REASON OF LEAVING

REFERENCES

PLEASE PROVIDE THREE (3) PROFESSIONAL REFERENCES:

NAME & TITLE	ADDRESS	PHONE & EMAIL	YEARS KNOWN

ADDITIONAL INFORMATION

PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER IN YOUR APPLICATION FOR EMPLOYMENT AT TRILLIUM HEALTH:

PLEASE READ CAREFULLY APPLICANT'S CERTIFICATION. AGREEMENT AND NOTICE.

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the Company (Trillium Behavioral Health) unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the Company contacts, to provide the Company with all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Company as well as from any use or disclosure of such information by the Company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

I understand the Company may request me to submit to a pre-employment/post-offer medical examination and drug and alcohol screening tests; and I hereby agree and consent to such examination and testing. I understand any offer of employment is contingent upon my successfully passing the examination and testing.

I understand the Company may request me to submit to a pre-employment/post-offer criminal background check; and I hereby agree and consent to such background check. I understand any offer of employment is contingent upon my successfully completing the background check.

I understand that employment is contingent upon my submitted documentary proof-of-identity and legal authorization to work in the United States, as required. Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States. This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 / E-Verify to confirm work authorization.

In consideration of my employment, I agree to conform to the rules and standards of the Company. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. I understand that no employee or representative of the Company, other than its CEO, has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the CEO of the Company may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified time unless the CEO and

I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral or collateral agreements regarding this issue.

I understand that if an employment relationship is established, the Company retains the absolute right to transfer, demote, and administer employee discipline at any time for any reason and that nothing contained in the Company's personnel policies or procedures can be construed to the contrary.

I further understand that all offers of employment are conditioned on the Company's receipt of satisfactory responses to reference requests and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States. Offers of employment are also conditioned on the satisfactory completion of a post-offer medical examination.

Date:

Signature of Applicant