

**PANTANO BEHAVIORAL HEALTH SERVICES (PBHS)
APPLICATION FOR EMPLOYMENT**

5055 E. BROADWAY, Suite C-104
TUCSON, AZ 85711
Phone: (520) 623-9833
Fax: (520) 512-4055

**PBHS IS AN EQUAL OPPORTUNITY EMPLOYER
THIS IS A NON-SMOKING, DRUG FREE AGENCY**

PLEASE PRINT LEGIBLY AND IN INK - COMPLETE ALL FOUR (4) PAGES

DATE: _____ POSITION APPLYING FOR: _____

LAST NAME: _____ FIRST NAME: _____ MI: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE: (_____) _____ SOCIAL SECURITY: _____ - _____ - _____

Are you a U.S. Citizen or legally authorized to work in this country? Yes No

Arizona licensing regulations require all employees providing direct clinical services to be 21 years of age.

Are you at least 21 years of age? **(IF NOT, DO NOT CONTINUE)** Yes No

Are you interested in working:	Regular Full Time	Yes	No
	Regular Part Time	Yes	No
	On-Call (Exempt)	Yes	No

If On-Call, what are your preferences on work days and hours, please specify:

Clinicians: Have you ever had an adverse action taken against you by a governing board that provides state or national certification?

Yes No If yes, please explain: _____

EDUCATION

1. Name of School: _____

Graduate: Yes No Degree/Cert.: _____

Major Subject: _____

2. Name of School: _____

Graduate: Yes No Degree/Cert.: _____

Major Subject: _____

3. Name of School: _____

Graduate: Yes No Degree/Cert.: _____

Major Subject: _____

EMPLOYMENT HISTORY

All applicants considered for vacancies within PBHS must complete an official application form prior to selection and include, at a minimum, a five year work history or total work history if employment history was less than five years. List all current and prior employment, starting with most recent employer. Enclose additional pages if necessary. DO NOT reference or say "See Resume". **Employers will be contacted for references.** (You may attach a resume as a supplement.)

Employer: _____ Telephone: (_____) _____
Full Address: _____
Dates of employment: From _____ To _____ Salary: \$ _____
Your title: _____ Immediate Supervisor: _____
Nature of duties: _____ Reason for leaving: _____



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Check here if additional pages are attached.

PROFESSIONAL REFERENCES (please list 3 personal and 3 professional references)

Name: _____ Phone: (____) _____ Relationship: _____ Full Address: _____ _____	Name: _____ Phone: (____) _____ Relationship: _____ Full Address: _____ _____
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GENERAL INFORMATION

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with PBHS including second languages (Specify): _____

Most of the positions at PBHS require staff to receive/maintain a drivers' clearance from our insurance company to meet the on-going minimum requirements of the position. Many positions require employees to drive on agency business.

Do you have a valid Arizona driver's license?	Yes	No
At least \$300,000 liability car insurance?	Yes	No

Have you been found or plead guilty to any speeding, accident, reckless driving or other motor vehicle violations in the last 39 months? (Applicants with 2 or more driving violations cannot be considered for employment if the position requires driving clearance. Periodic driving record checks will be conducted throughout employment.)

Yes	No
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Have you had a misdemeanor or felony DUI within the past 5 years? (Applicants with a DUI conviction will not be allowed to drive an agency vehicle to transport others.)

Yes	No
-----	----

Do you have a current certification in:	First Aid	Yes	No
	CPR	Yes	No

Since we are a behavioral health/child welfare agency providing services for children some of who may have experienced prior physical, sexual, and/or mental abuse:

- a) Have you ever been disciplined, terminated or resigned due to your alleged inappropriate behavior towards a child?

Yes	No
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- b) Have you ever been disciplined, terminated or resigned due to your alleged sexual or other harassment on the job?

Yes	No
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- c) Have you ever been convicted of or plead guilty or nolo contendere to a felony or any offense(s) listed on the Dept. of Public Safety Fingerprint Clearance Class I Card Eligibility list you have received?

Yes	No
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Answering "Yes" will not necessarily disqualify an applicant from employment (depending upon the position). If you answered "Yes" to item (a), (b) or (c), please explain by giving details of situation including date, place and circumstances:

APPLICATION CERTIFICATION/WAIVER

If you are selected for employment at Pantano Behavioral Health Services, you will be required to furnish proof of your identification and authorization to work in the United States of America.

If you are selected for employment at Pantano Behavioral Health Services, you will be required to provide evidence of fingerprinting by the Department of Public Safety (DPS) with continuing employment contingent upon clearance.

**READ CAREFULLY BEFORE SIGNING—IF NOT UNDERSTOOD, SEEK COMPETENT
LEGAL ADVICE**

Pantano Behavioral Health Services (PBHS) does not discriminate on the basis of race, color, religion, sex, national origin, age (over 40), non job related handicap or disability or any other basis prohibited by law.

I understand that if I am hired, I will be employed at the will of PBHS and may be discharged by PBHS at any time without cause, prior notice or warning. I understand that no administrator, manager or other representative of PBHS may enter into any other type of employment agreement with me, either expressed or implied, and none will be recognized at any time regardless of my length of employment. I understand that the only exception to the above policy of at-will employment is a written employment contract signed by the Chief Executive Officer of PBHS and designated as an Employment Agreement. I understand that this policy of at-will employment will not and cannot be modified by anyone at any time.

I voluntarily and knowingly authorize any present employer or supervisor, past employer or supervisor, college, university or other institution of learning, administrator, state agency, federal agency, private business, personal reference, and/or other persons, to give records or information they may have concerning motor vehicle history, wages earned, character, and employment records or any other information requested by PBHS or any agent named by PBHS. I, voluntarily and knowingly, unconditionally release and forever discharge PBHS and any named or unnamed informant from any and all liability related to obtaining, furnishing or using this information. This authorization will be valid from the date signed and continue for as long as I am employed by PBHS and a photographic or faxed copy of the authorization shall be valid as the original.

I certify that my statements on this application and any supporting documents and my response to all of the foregoing questions are true and correct, and there is no information that I have omitted, misrepresented or failed to include. If any of my statements or responses on this application are found to be untrue, misrepresented or omitted, I understand that such a finding may result in the rejection of my application, and, if employed, my immediate discharge or discharge at any time during my employment.

Signature: _____

Date: _____

EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, gender, national origin, age, or any other legally protected status.

As an employer with an Equal Opportunity Statement, we comply with Government regulations, including Affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government recordkeeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of the Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential file and are not a part of your Application for Employment or Personnel File.

Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

Government agencies at times require periodic reports on the gender, ethnicity, veteran and other protected status of employees. This data is for statistical analysis and aggregate data only. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY BUT IS GREATLY APPRECIATED.**

Name

Date

Check one of the following: (Ethnic Origin)

- Caucasian
- African-American
- American Indian/ Alaskan Native
- Asian/Pacific Islander
- Hispanic

Check if any of the following are applicable:

- Vietnam Era Veteran
- Veteran

EMPLOYMENT HISTORY CONTINUATION SHEET

Employer: _____ Telephone: (_____) _____
Full Address: _____
Dates of employment: From _____ To _____ Salary: \$ _____
Your title: _____ Immediate Supervisor: _____
Nature of duties: _____ Reason for leaving: _____



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PANTANO BEHAVIORAL HEALTH SERVICES



Verification of Employment and Education Release Form

I, _____, voluntarily and knowingly authorize Pantano Behavioral Health Services, Inc. to verify my history of employment and education. I authorize any present employer or supervisor, past employer or supervisor, college, university or other institution of learning to give information they may have concerning employment records, wages earned, character, and educational records. I unconditionally release and forever discharge all parties involved from any and all liability for any and all damage that may result from providing such information.

Signature

Date

Social Security Number

DO NOT WRITE BELOW THIS LINE

(Information below to be completed by employer or educational institution only)

EMPLOYMENT: Previous Employer: _____

Dates of Employment: _____ Positions Held: _____

Eligible for Rehire? _____ Reason Employment Ended: _____

Final Wage/Salary: _____

Comments on Job Performance: _____

Name/Title of Person Verifying Information

Date

EDUCATION: Educational Institution: _____

Date(s) of Graduation: _____ Degree(s) Awarded: _____

Name/Title of Person Verifying Information

Date