

## Health and Behavioral Dimensions, Inc Application for Employment

<b>PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE</b>				
<b>PERSONAL INFORMATION</b>		Today's Date		
Name				
Last	First	Middle	Maiden	
Present address				
Number	Street	City	State      Zip	
How long at this address	Social Security No. _____ - _____ - _____			
Telephone (____) _____		Alternate Telephone (____) _____		
Position applied for (1) _____	Days/hours available to work			
and salary desired (2) _____	No Pref _____	Thur _____		
(Be specific)	Mon _____	Fri _____		
	Tue _____	Sat _____		
	Wed _____	Sun _____		
How many hours can you work weekly?		Can you work nights?		
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME				
Date available to start work if you are hired?				
<b>EDUCATION</b>				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				
<b>LICENSURE AND OTHER CERTIFICATIONS</b>				
LICENSE TYPE	DATE RECEIVED	EXPIRATION DATE		

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<b>APPLICATION FOR EMPLOYMENT</b>			
HAVE YOU EVER BEEN CONVICTED OF A FELONY?		No	Yes
<p>If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. A conviction does not necessarily disqualify you from employment.</p> <p>_____</p> <p>_____</p>			
DO YOU HAVE A DRIVER'S LICENSE?		Yes	No
What is your means of transportation to work?			
Driver's license number	State of issue _____	Operator	Commercial (CDL)      Chauffeur
Expiration date _____			
Have you had any accidents during the past three years?		How many?	
Have you had any moving violations during the past three years?		How Many?	
<b>REFERENCES</b>			
Please list four professional references (not friends or family) with personal knowledge from direct observation of your professional abilities, ethical character and ability to work with others.			
1. Name _____		2. Name _____	
Position _____		Position _____	
Company _____		Company _____	
Address _____		Address _____	
Telephone (    ) _____		Telephone (    ) _____	
3. Name _____		4. Name _____	
Position _____		Position _____	
Company _____		Company _____	
Address _____		Address _____	
Telephone (    ) _____		Telephone (    ) _____	
MILITARY			
HAVE YOU EVER BEEN IN THE ARMED FORCES?		Yes	No
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?		Yes	No
Specialty	Date Entered	Discharge Date	

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.


**ADDITIONAL INFORMATION – Part One**

For Part One *ONLY*, If you answer yes to any of the following questions, please attach a written explanation on a separate sheet of paper to this application.

- Have you ever filed an application with us before?                                      \_\_\_ Yes                                      \_\_\_ No
- Have you ever been employed by us before?                                             \_\_\_ Yes                                      \_\_\_ No
- Are you currently unemployed?                                                               \_\_\_ Yes                                      \_\_\_ No
- Have you ever been dismissed or asked to resign from a position?                 \_\_\_ Yes                                      \_\_\_ No
- Are there any lapses in your employment?                                                \_\_\_ Yes                                      \_\_\_ No

**ADDITIONAL INFORMATION – Part Two**

- Can you travel if the job requires it?                                                       \_\_\_ Yes                                      \_\_\_ No
- Can you work flexible hours if the job requires it?                                       \_\_\_ Yes                                      \_\_\_ No
- Can you perform the job functions of the position for which you are applying?  
       (if 'no' please attach a written explanation to this application)                \_\_\_ Yes                                      \_\_\_ No
- May we contact your present employer for referencing purposes at this time?   \_\_\_ Yes                                      \_\_\_ No
- How did you find out about HBD? \_\_\_\_\_

**CITIZENSHIP**

The State of Florida hires requires that Tandem only hire U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

- ARE YOU A CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?   \_\_\_ Yes                                      \_\_\_ No

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE			
<b>APPLICATION FOR EMPLOYMENT</b>			
<b>Work Experience</b>		Please list your work experience beginning with your most recent job held. If you were self-employed, give firm name. <b>Attach additional sheets if necessary.</b>	
Name of employer Address		Name of last supervisor	Employment dates
City, State, Zip Code Phone number			From To
		Pay or salary Start Final	
		Your last job title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Name of employer Address		Name of last supervisor	Employment dates
City, State, Zip Code Phone number			From To
		Pay or salary Start Final	
		Your Last Job Title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

		<b>OFFICE ONLY</b>			
Typing	Yes No	_____ WPM	10-key	Yes No	Word Processing
Personal Computer	Yes No	PC Mac		Yes No	_____ WPM
			Other Skills		

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<b>Work experience</b>		(continued)	
Name of employer Address		Name of last supervisor	Employment dates
City, State, Zip Code Phone number			Pay or salary
		From	Start
		To	Final
		Your last job title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Name of employer Address		Name of last supervisor	Employment dates
City, State, Zip Code Phone number			Pay or salary
		From	Start
		To	Final
		Your last job title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
If you have a resume, please attach. If you have successfully completed any certification training, please attach a copy.			
We will need a copy of your social security card, driver license and all relevant professional licenses to process your application.			
Did you complete this application yourself    Yes    No			
If not, who did?			

**PLEASE READ CAREFULLY**

**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Health and Behavioral Dimensions, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and the company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

**Health and Behavioral Dimensions, Inc.**

**2269 S. University Dr. Suite 338**

**Davie, Florida 33324**

**Personal Reference**

\_\_\_\_\_ (*Name of Applicant*) has applied for employment to Health and Behavioral Dimensions. Your cooperation in completing this reference would greatly assist us in determining if the applicant's experience meets the qualifying criteria for employment. We appreciate your time and effort in this manner.

Your name (printed) \_\_\_\_\_

Your name (signed) \_\_\_\_\_

Your phone number \_\_\_\_\_

In what capacity have you known this applicant? \_\_\_\_\_

To your knowledge, has this applicant ever been arrested? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you consider the above named applicant to be suitable for employment with children and adults with intellectual and developmental disabilities? If not, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you consider the above named applicant to be reliable, dependable and honest?

\_\_\_\_\_

Additional comments:

\_\_\_\_\_  
\_\_\_\_\_

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