

Aurora Behavioral Health System East
 6350 S. Maple Ave.
 Tempe, AZ 85283
 480-345-5400



Aurora Behavioral Health System West
 6015 W. Peoria Ave.
 Glendale, AZ 85302
 623.344.4400

EMPLOYMENT APPLICATION

Aurora Behavioral Health System is an equal opportunity employer. Aurora Behavioral Health System 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.

AN EQUAL OPPORTUNITY EMPLOYER

DRUG SCREENING

Aurora Behavioral Health System 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, Aurora Behavioral Health System 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.

GENERAL INFORMATION				
FIRST NAME	MIDDLE	LAST	DATE	
HOME ADDRESS	STREET	APT. #	CITY	STATE
HOME PHONE	MOBILE PHONE	OTHER	E-MAIL ADDRESS	
JOB INTEREST				
FIRST CHOICE: TITLE	SECOND CHOICE: TITLE	DATE AVAILABLE	SALARY DESIRED	
HOURS & SHIFTS AVAILABLE: (Circle) FULL TIME PART TIME ON CALL TEMPORARY				
DAY SHIFT EVENING SHIFT NIGHT SHIFT				
Candidates for employment must have reached at least their twenty first birthday. This is the only limitation related to age and employment utilized by ABHS. By checking this box I verify that I am at least 21 years of age. <input type="checkbox"/>				
ABHS prohibits the employment of former patients for a period of at least two years (24 months) from the time of the individual's discharge as a patient or from continuing care, whichever is later. For the purposes of this policy, a patient is defined as anyone who has been an in-patient, partial hospitalization patient, and/or an individual who has received psychiatric or substance abuse treatment at any time within the past two years (24 months). By checking this box I verify that I have not been a patient at ABHS (Glendale or Tempe) within the last 24 months.				

PREVIOUS APPLICATIONS

HAVE YOU EVER APPLIED FOR A POSITION WITH AURORA BEHAVIORAL HEALTH SYSTEM? YES NO

HAVE YOU APPLIED WITHIN THE LAST 6 MONTHS? YES NO

WERE YOU INTERVIEWED? YES NO

IF YES, WHAT POSITIONS/LOCATIONS HAVE YOU APPLIED FOR? _____

HOW WERE YOU REFERRED TO US?

Advertisement: _____ Employee: _____ School: _____ Walk-In: _____

(Publication) (Name) (Name)

Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodation(s)?
(Job description available for your review in Human Resources) YES NO

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

If offered employment, can you submit verification of your legal right to work in the United States? YES NO

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY AURORA BEHAVIORAL HEALTH SYSTEM YES NO

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

Facility Name: _____

Are you related to any present employee of Aurora Behavioral Health System: YES NO

If yes, who? _____ Relationship: _____

MILITARY INFORMATION

WERE YOU EVER IN THE MILITARY? YES NO IF YES, WHAT BRANCH? _____

PROFESSIONAL LICENSES / REGISTRATIONS / CERTIFICATIONS

TYPE (If the position you are applying for requires a current license registration or certification, proof of same will be required.)	NUMBER	STATE ISSUED	DATE ISSUED	EXPIRES ON

Has your professional license ever been revoked or suspended? Yes No If yes, when and why? _____

EDUCATIONAL RECORD

EDUCATION WILL BE CONSIDERED ONLY TO THE EXTENT THAT IT IS RELEVANT TO THE JOB YOU ARE APPLYING FOR

HIGH SCHOOL	CITY/STATE	DIPLOMA YES NO	YEAR GRADUATED
GED	CITY/STATE	CERTIFICATE YES NO	YEAR RECEIVED
COLLEGE	CITY/STATE	DEGREE OBTAINED YES NO	YEAR OBTAINED and DEGREE
COLLEGE	CITY/STATE	MAJOR DEGREE OBTAINED YES NO	YEAR OBTAINED and DEGREE
OTHER EDUCATION, SPECIAL COURSES, OR ACADEMIC HONORS			

NAME UNDER WHICH YOU WERE ENROLLED IF DIFFERENT FROM THAT SHOWN ON FRONT PAGE. _____

EMPLOYMENT HISTORY

MOST RECENT EMPLOYER FIRST EXPLAIN LAPSES IN EMPLOYMENT BETWEEN JOBS

ACCOUNT FOR ALL TIME UP TO THE PAST 10 YEARS (AND BEYOND TO ACCOUNT FOR ALL RELEVANT EXPERIENCE). Include military service in the United States Armed Services, voluntary services related to the position you are seeking, and every period of unemployment. If self-employed, give firm name, business activities undertaken by you, and one business reference that we may contact. **DO NOT EXCLUDE EMPLOYMENT, NO MATTER HOW SHORT A PERIOD. If you need more space, additional pages are available.** As further explained below, by signing this application, you permit Aurora Behavioral Health System to contact all of your previous employers.

PRESENT OR MOST RECENT EMPLOYER, VOLUNTARY ORGANIZATION, OR BRANCH OF SERVICE	IF STILL EMPLOYED, MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	NAME UNDER WHICH YOU WORKED IF DIFFERENT FROM THAT SHOWN ON FRONT PAGE:	PHONE NO. () EXT.
ADDRESS (Number, Street, City, State, Zip)		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME AV. HRS. WKLY. _____	
JOB TITLE	IMMEDIATE SUPERVISOR NAME: _____ TITLE: _____	EMPLOYMENT DATES	
NATURE OF DUTIES		FROM (MONTH) (YEAR)	TO (MONTH) (YEAR)
		HOURLY SALARY	
		START \$ _____ per _____	END \$ _____ per _____
REASON FOR LEAVING (Indicate resigned, discharged, etc. because of ...)			

*** EXPLAIN TIME LAPSE HERE**

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ADDRESS (Number, Street, City, State, Zip)		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME AV. HRS. WKLY. _____	
JOB TITLE	IMMEDIATE SUPERVISOR NAME: _____ TITLE: _____	EMPLOYMENT DATES	
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		HOURLY SALARY	
		START \$ _____ per _____	END \$ _____ per _____
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JOB TITLE	IMMEDIATE SUPERVISOR NAME: _____ TITLE: _____	EMPLOYMENT DATES	
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JOB TITLE	IMMEDIATE SUPERVISOR NAME: _____ TITLE: _____	EMPLOYMENT DATES	
NATURE OF DUTIES		FROM (MONTH) (YEAR)	TO (MONTH) (YEAR)
		HOURLY SALARY	
		START \$ _____ per _____	END \$ _____ per _____
REASON FOR LEAVING (Indicate resigned, discharged, etc. because of ...)			

PLEASE ANSWER ACCURATELY. WE CONDUCT FULL BACKGROUND CHECKS ON ALL CANDIDATES.

We will not deny employment to any applicant solely because the person has been convicted of a crime. We, however, may consider the nature, date, and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.

Have you ever been convicted of a felony or a misdemeanor? (For all applicants please exclude convictions that have been sealed, expunged, or legally eradicated; and misdemeanor convictions for which probation was successfully completed or, otherwise, discharged and the case was judicially dismissed.) If yes, please explain when you were convicted and for what you were convicted.

Yes No

Have you ever been convicted of a felony or a misdemeanor under another name? (Note exclusions above.)
If yes, please give the name you used when convicted, when you were convicted, and for what you were convicted.

Yes No

Are you presently out on bail or on recognizance pending trial for the alleged commission of any crime?
If yes, please explain.

Yes No

Have you ever been convicted of a federal crime as defined in 42 U.S.C. §1320a-7a(l), or been excluded from participation in any federal or state health-care program?

Yes No

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 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 that employment is contingent upon my submitted documentary proof-of-identity and legal authorization to work in the United States, as required.

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 president 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