



Behavioral Health Associates
 325 Alum Street
 Lehighton, PA 18235
 610-379-1266
An Equal Opportunity Employer

Employment Application

Applicant Information

Name (Last, First, Middle)		Last 4 Digits Social Security Number	Date
Street Address		City	State Zip
Home Phone	Cell Phone	Email	

Position(s) Desired *(List all that apply)*

First Preference		
Desired Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (hourly)	Desired Salary	Date You Can Start Work
Second Preference <i>(If applicable)</i>		
Desired Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (hourly)	Desired Salary	Date You Can Start Work
Third Preference <i>(If applicable)</i>		
Desired Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (hourly)	Desired Salary	Date You Can Start Work

Education

Education Level	Name and Location	Course of Study	Graduated	Year Completed
High School / GED			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Trade / Business School, Military, etc.)			<input type="checkbox"/> Yes <input type="checkbox"/> No	

(List all areas in which you hold valid Pennsylvania and/or out-of-state certificates. Note: Applicants holding a certificate from another state will need to obtain a Pennsylvania Certificate in order to perform duties.)

Certification(s)

Area of Certification	Issuing State	Date Issued and Expiration Date

Employment History *Begin with your present or most recent employment and work back.*

Current / Most Recent Employer		Address		
Position Title	Start Date	End Date	Employment Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Supervisor's Name		Supervisor's Phone Number		
Work Performed		Reason For Leaving		
Starting Salary	<input type="checkbox"/> Full-Time \$	Ending Salary	<input type="checkbox"/> Full-Time \$	<input type="checkbox"/> Part-Time
May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				

Former Employer #2		Address		
Position Title	Start Date	End Date	Employment Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Supervisor's Name		Supervisor's Phone Number		
Work Performed		Reason For Leaving		
Starting Salary	<input type="checkbox"/> Full-Time \$	Ending Salary	<input type="checkbox"/> Full-Time \$	<input type="checkbox"/> Part-Time

Former Employer #3		Address		
Position Title	Start Date	End Date	Employment Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Supervisor's Name		Supervisor's Phone Number		
Work Performed		Reason For Leaving		
Starting Salary	<input type="checkbox"/> Full-Time \$	Ending Salary	<input type="checkbox"/> Full-Time \$	<input type="checkbox"/> Part-Time

Former Employer #4		Address		
Position Title	Start Date	End Date	Employment Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Supervisor's Name		Supervisor's Phone Number		
Work Performed		Reason For Leaving		
Starting Salary	<input type="checkbox"/> Full-Time \$	Ending Salary	<input type="checkbox"/> Full-Time \$	<input type="checkbox"/> Part-Time

Additional Comments or Explanation of Previous Employment:

Employment Qualifications *Please answer the following questions accordingly.*

Have you, at any time, been convicted of a felony, a misdemeanor, or a motor vehicle violation? (Omit any MINOR traffic violations) Yes No

If "Yes", please explain: _____

(Convictions will not necessarily disqualify an applicant for employment.)

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

Briefly state why you are interested in working at Behavioral Health Associates and what you can contribute to BHA:

Professional References *List work related references including those who have supervised your work.*

Name	Phone Number	Company	Years Known

I authorize and release Behavioral Health Associates to contact the above references and discuss with them my background and qualifications for the position(s) I seek. Yes No

Additional Information

- ACT 34 Clearance (PA State Police Criminal Background Check)** - Each applicant must submit a copy of a Criminal History Record from the Pennsylvania State Police. Prospective employees must submit the original report, which may not be more than one (1) year old.
ACT 114 (Federal Criminal History Record) - Each applicant must submit a copy of a Federal Criminal Record from the Federal Bureau of Investigation (FBI). Prospective employees must submit the original report, which may not be more than one (1) year old.
Act 151 Clearance (PA Child Abuse History Clearance) - Each applicant must submit a copy of an official clearance from the Pennsylvania Department of Public Welfare. Prospective employees must submit the original report, which may not be more than one (1) year old.
- All new employees will be required to complete the U.S. Immigration and Naturalization Service I-9 Form and produce proof of citizenship or identity and work authorization.
- This application will be retained for a period of one (1) year from the date of application.

Authorization

My signature below certifies that to the best of my knowledge, all information provided herein is complete and true. I understand that any misrepresentation of information shall be sufficient cause for rejecting my candidacy, withdrawing any job offer, or terminating my employment.

I further authorize Behavioral Health Associates to investigate my background to verify the information provided, and release from all claims, causes of action, and liability all person and/or corporations supplying or receiving information concerning my background.

Electronic Signature Acknowledgement

By typing your name below, you are signing the document electronically. You agree that your electronic signature has the same legal validity and effect as your handwritten signature on the document, and that it has the same meaning as your handwritten signature.

Signature

Date

BHA is committed to a diverse and inclusive workplace. BHA is an equal opportunity employer and does not discriminate on the basis of race, national origin, gender, gender identity, sexual orientation, protected veteran status, disability, age or other legally protected status.