



**APPLICATION FOR EMPLOYMENT  
AN EQUAL OPPORTUNITY EMPLOYER**

This application will be considered active for a period of 6 months from the date on the application. If you wish to be considered for employment after that time, you must submit a new application in person. You must complete your own application (please print legibly). Omissions or falsifications may result in ineligibility for employment or immediate dismissal if employed.

Hospital Location Applying For: \_\_\_\_\_

PERSONAL INFORMATION		TODAY'S DATE:
Name:		SS #:
(Last)	(First)	(M.I.)
Street Address:		City, State, Zip:
Phone: ( )		
Are you at least 18 years of age? _____ Yes _____ No		
Have you ever been convicted of a crime other than a minor traffic violation? _____ Yes _____ No		
If yes, please explain:		

GENERAL INFORMATION	
Position applied for:	
Salary Desired:	Date Available to Work:
Are you currently employed? _____ Yes _____ No	If yes, may we contact your employer? _____ Yes _____ No
Why do you desire a job change?	
Have you worked for Oceans Behavioral Hospital or any of its subsidiaries before? _____ Yes _____ No	If yes, when?
List any relatives employed by Oceans Behavioral Hospital:	

**OCEANS BEHAVIORAL HOSPITAL**  
**APPLICATION FOR EMPLOYMENT**

EMPLOYMENT INFORMATION	
EMPLOYMENT ELIGIBILITY STATUS:	
Are you lawfully eligible to be employed in the United States?	_____ Yes _____ No
EMPLOYMENT HISTORY: List below your employment history, going back at least 10 years. If you have been self-employed, give details such as name of the company, location, and why business was discontinued. Begin with your most recent job.	

Company:	Type of Business:
Address:	Phone: (    )
Date Started:	Date Left:
Supervisor's Name:	Position:
Description of Duties:	Rate of Pay:
Reason for Leaving:	

Company:	Type of Business:
Address:	Phone: (    )
Date Started:	Date Left:
Supervisor's Name:	Position:
Description of Duties:	Rate of Pay:
Reason for Leaving:	

Company:	Type of Business:
Address:	Phone: (    )
Date Started:	Date Left:
Supervisor's Name:	Position:
Description of Duties:	Rate of Pay:
Reason for Leaving:	

Company:	Type of Business:
Address:	Phone: (    )
Date Started:	Date Left:
Supervisor's Name:	Position:
Description of Duties:	Rate of Pay:
Reason for Leaving:	

Please explain any periods during which you were not employed:
Have you ever been dismissed or asked to resign from job? _____ Yes _____ No
If yes, please explain:

**OCEANS BEHAVIORAL HOSPITAL**  
**APPLICATION FOR EMPLOYMENT**

**REFERENCES**  
 List three business references who can attest your work capabilities. (Do not include relatives)

Name	Address	Phone	Occupation

**EDUCATION INFORMATION**

	Name of School	Location	Degree/Date
College:			
High School:			
Graduate School:			
Trade School:			

List any academic, professional, trade, civic, or social activities, offices held or other related accomplishments:

**MILITARY SERVICE**

Branch:	Date of Entry:	Date of Discharge:
Rank at Discharge:	Describe your Duties:	
Was your discharge in connection with criminal charges? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		

**SKILLS**

Please check the areas in which you have a working knowledge:

Computer Software:	<input type="checkbox"/> Word Perfect
	<input type="checkbox"/> Microsoft Office
	<input type="checkbox"/> Lotus
	<input type="checkbox"/> Other
Type: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> WPM	Ten Key Machine: <input type="checkbox"/> Yes <input type="checkbox"/> No
Shorthand: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> WPM	Dictation Machine: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Office Equipment:	
Describe any other special skills or aptitudes that you feel would qualify you for a position with Oceans Behavioral Hospital:	

**OCEANS BEHAVIORAL HOSPITAL  
APPLICATION FOR EMPLOYMENT**

<b>NOTIFICATION</b>
In the event of an emergency, notify the following persons:

Name	Address	Phone	Relationship

**CONSENT AND CERTIFICATION**

*IMPORTANT: PLEASE READ THIS CAREFULLY BEFORE SIGNING AND DATING THIS APPLICATION.*

I certify that the answers given by me on this application are true, correct and complete. I agree that any misstatement or pertinent omission made by me in this application may result in my rejection, or if hired, may subsequently subject me to dismissal. Moreover, I understand that offers of employment may be conditioned upon passing a physical examination and/or drug test. I authorize any company, school, police, or security personnel, or any other person to give any information regarding any employment, habits, ability, or any other characteristics whatsoever; together with any information they may have regarding me regardless of whether it is in their written records. I hereby release all persons from liability and agree to hold harmless any person(s) for such testing or issuing of this information. It is agreed and understood that completion of this application does not mean a job opening exists and in no way obligates the company to employ me.

In the event of employment, I will comply with all company rules, regulations, and directives as may be established from time. I am willing to work all assigned overtime or other special work assignments as requested by company. Furthermore, since the company does not offer contracts of employment (unless signed by the company President), I understand that nothing contained in this application form or any other company document, employee handbook, or statement creates a contract between the company and me for either employment or the provision of any compensation or benefits. I understand that, if employed, I have the right to terminate my employment at any time, for any reason, and the company has the same rights to terminate my employment as well.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_