ALLIANCE BEHAVIORAL CARE
APPLICATION FOR EMPLOYMENT

Alliance Behavioral Care, LLC provides equal opportunity in employment to all employees and applicants for employment. No person will be discriminated against in employment because of race, religion, color, sex, gender, age, national origin, disability, military status, or any other characteristic protected by applicable federal or state law. This Application for Employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered beyond this time period should inquire as to whether or not applications are being accepted at that time.

Ink only. You must complete the entire application. Resumes are not a substitution but, may be added.

Date of Application:

First Name: Last Name: Maiden Name (If Applicable):

Street Address: Preferred Pronouns:

City: State: Zip:

Phone Number (Preferred): Email:

Social Security Number: DOB:

Position(s) Interested In:

Earnings Expectation:

Available Start Date:

Availability: ☐ **Full-Time** ☐ **Part Time**

Shift: ☐ **1st** ☐ **2nd** ☐ **3rd (Overnight)** ☐ **Any**

Do you agree to work weekends and holidays in accordance with work schedules? ☐ **Yes** ☐ **No**

EDUCATION AND TRAINING

School Name: Degree or Diploma Received: CHOOSE ONE

Location: Years Completed:

School Name: Degree or Diploma Received: CHOOSE ONE

Location: Years Completed:

AREAS OF PROFICENCY

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above-mentioned position.

1.

2.

3.

ALLIANCE BEHAVIORAL CARE
APPLICATION FOR EMPLOYMENT

QUALIFICATION QUESTIONS

Are you legally authorized to work in the United States? ☐ Yes ☐ No
Are you at least 18 years old? ☐ Yes ☐ No
Do you have a valid Driver's License? ☐ Yes ☐ No
Do you have a current negative TB Test? ☐ Yes ☐ No
Do you have current CPR and First Aid Training? ☐ Yes ☐ No
Do you have a current Fingerprint Clearance Card? ☐ Yes ☐ No
Do you know anyone that is a current or past employee of Alliance Behavioral Care? ☐ Yes* ☐ No *(If yes, name of the employee):
Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? (Convictions are not an automatic bar to employment) ☐ Yes* ☐ No Do you have any pending criminal charges against you? ☐ Yes* ☐ No * If yes to either question above, please explain the nature of charge or crime, date of issuance or conviction, and state in which issued or convicted. You may attach additional documentation if needed:

EMPLOYMENT EXPERIENCE (CURRENT/MOST RECENT)

Dates of Employment:

Company Name: Job Title:

City / State: Telephone Number:

Supervisor: Reason for Leaving:

Job Duties:

If currently employed, may we contact as reference?

ALLIANCE BEHAVIORAL CARE
APPLICATION FOR EMPLOYMENT

EMPLOYMENT EXPERIENCE

Dates of Employment:

Company Name: Job Title:

City / State: Telephone Number:

Supervisor: Reason for Leaving:

Job Duties:

If currently employed, may we contact as reference?

EMPLOYMENT EXPERIENCE

Dates of Employment:

Company Name: Job Title:

City / State: Telephone Number:

Supervisor: Reason for Leaving:

Job Duties:

If currently employed, may we contact as reference?

EMPLOYMENT EXPERIENCE

Dates of Employment:

Company Name: Job Title:

City / State: Telephone Number:

Supervisor: Reason for Leaving:

Job Duties:

If currently employed, may we contact as reference?

REFERENCES

Name: How Long Known:

Relationship: Telephone Number:

Name: How Long Known:

Relationship: Telephone Number:

Name: How Long Known:

Relationship: Telephone Number:

ALLIANCE BEHAVIORAL CARE
APPLICATION FOR EMPLOYMENT

Please read the following and sign your application:

This application is meant to be used by Alliance Behavioral Care to review your qualifications and make a determination if your qualifications are appropriate for a position that might be offered. This application does not serve as the sole determinate to whether you will or will not receive a position. If a position is offered and you accept, then you must abide by the rules, policies and procedures set forth by Alliance Behavioral Care.

Alliance Behavioral Care is an at-will employer. Unless the CEO constructs and offers you an employment contract for a specific service for a finite amount of time that you consent to, no Alliance Behavioral Care representative can present you with any form of communication, written or oral, that would serve as an employment contract between you and Alliance Behavioral Care, implied or not. Your employment at Alliance Behavioral Care can be terminated either by you or by Alliance Behavioral Care, through its agents, at any time.

Alliance Behavioral Care reserves the right to update and revise its policies, procedures and rules: you agree to be bound to these changes now and in the future. From time to time, Alliance Behavioral Care may alter how it organizes itself, its rules, procedures, processes, regulations, benefits or other areas of interest. These changes may or may not affect you.

Alliance Behavioral Care may perform a background check on you. You agree to release all parties, Alliance Behavioral Care and those contracted from liability. Alliance Behavioral Care may perform a background check in addition to the fingerprinting card process. Alliance Behavioral Care will contact your previous employers and references. Additionally, Alliance Behavioral Care may contact other persons or entities not listed in this application.

You hereby authorize Alliance Behavioral Care to investigate all available materials. The information provided here will be taken as true. If any provided material is determined to be fabricated, which would be determined at the sole discretion of Alliance Behavioral Care, and you may or may not be able to review or defend such a decision, then that discovery could result in the denial of a position or termination of employment at any time without notice.

Upon the start of employment, all employees are placed on a six month probationary period. Upon successful completion of probation you will be a full-status employee. During this probation period your supervisor and you will meet to ensure your experience and education meet the requirements for the position you were hired to fill. Upon completion of probation you may take personal time off by submitting a request for time off to your immediate supervisor. In the event you request personal time off during the probation period, your immediate supervisor may request that you remain on probationary status until further notice.

By signing this application, I agree to be bound by the above terms and conditions. I further acknowledge that additional rules, procedures, and regulations may be presented. I agree to be bound by those additional rules, procedures and regulations. In addition, by signing this application, does not constitute employment.

Name: _____ Date: _____

Signature: _____

ALLIANCE BEHAVIORAL CARE
APPLICATION FOR EMPLOYMENT

ADMINISTRATIVE USE

Employee Name: _____

Date/ Name of Verification of Current/Recent Employment: _____

Date/ Name of Verification of Prior Employment: _____

Date/ Name of Verification of Prior Employment: _____

Starting Date: _____ **Starting Pay:** _____

Shift / Schedule Plan:

☐ **Full-Time** ☐ **Part Time**

Shift: ☐ **1st** ☐ **2nd** ☐ **3rd (Overnight)**

Admin Office: **Admin:** ☐ **Clinical:** ☐

Assigned Site:

EAST VALLEY **GI:** ☐ **GII:** ☐ **GIII:** ☐ **GIV:** ☐ **GV:** ☐

CENTRAL **PHXI:** ☐ **PHXII:** ☐ **M:** ☐ **TI:** ☐ **PHXIII:** ☐

WEST VALLEY **GYV:** ☐

Position:

☐ **DCP** ☐ **CPC** ☐ **BHP** ☐ **INTERN** ☐ **OTHER:** _____

Background Checks and Fingerprint Clearance Cards: To be checked at time of hire AND annual reviews:

http://exclusions.oig.hhs.gov/
http://hsapps.azdhs.gov/ls/sod/searchAPS.aspx?type=APS
https://apps.supremecourt.az.gov/publicaccess/caselookup.aspx
https://psp.azdps.gov/services/cardStatusRequest

Date Initial Background Check Completed: _____ **Completed By:** _____

Findings from Background Check (if any): _____

_____

_____

Date Annual Background Check Completed: **Date Annual Review Completed:**

1. 1.
2. 2.
3. 3.
4. 4.
5. 5.
6. 6.