



Application for Employment

General Information				
Last Name:	First Name:		MI:	
Mailing Address:	City:	State:	Zip:	
Physical Address:	City:	State:	Zip:	
Email:	Home Phone:	Other Phone:		
Referred by:		Relationship:		
Current Employer:	Phone:	May we contact: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Position Applied For:	Date Available:	Desired Salary:		
Availability for work: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>				
Are you available to work weekends and evenings? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Have you ever filed an application with us before?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been employed previously by Paramount Behavioral Services?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been convicted of moving traffic violations related to alcohol or other drugs within the past three year?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been convicted of a felony or misdemeanor criminal offense? <i>A conviction will not necessarily disqualify an applicant from employment.</i> If yes, please explain:			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Education and Training				
	School Name & Address	Course of Study	Years Completed	Diploma/Degree
High School				
College				
Graduate School				
List any Licenses or Certifications you currently hold:				



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Previous Employment		
Employer:	Address:	Phone:
From: To:	Job Title:	Reason for Leaving:
Responsibilities:		Supervisor:
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employer:	Address:	Phone:
From: To:	Job Title:	Reason for Leaving:
Responsibilities:		Supervisor:
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employer:	Address:	Phone:
From: To:	Job Title:	Reason for Leaving:
Responsibilities:		Supervisor:
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employer:	Address:	Phone:
From: To:	Job Title:	Reason for Leaving:
Responsibilities:		Supervisor:
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
References <i>(Please list three professional references)</i>		
Full Name	Address	Phone Number

Paramount Behavioral Services is an Equal Opportunity Employer. We consider all applicants for all positions without regard to race or color, sex, sexual orientation, physical or mental disability, genetic information, religion, age, ancestry or national origin, marital status or any other legally protected status.

I certify that my answers are true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application for the purposes of evaluating my application and eligibility for employment; as such investigation may be a necessary step in arriving at an employment decision.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in termination of employment.

Signature: _____ Date: _____