



## APPLICATION FOR EMPLOYMENT

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form. Every effort will be made to accommodate your needs in a reasonable amount of time. All questions must be answered completely. A resume may be attached to the application form, but does not take the place of the information requested in the application form.

(COMPLETE AND SATISFACTORY VERIFICATION OF ALL INFORMATION IS A CONDITION OF EMPLOYMENT)

### PERSONAL INFORMATION

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Maiden/Alias Name(s) \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_ Have you ever been convicted of a crime other than a traffic misdemeanor or been a respondent on a civil injunction, restraining order, ex-parte order or a full order of protection?  Yes  No Please explain: \_\_\_\_\_

*(The fact that you have a record of conviction or responded yes to this question will not necessarily bar you from employment.)*

Are you currently on probation or parole?  Yes  No

Bridgeway has a policy that prohibits smoking on its premises. If hired, would you be able to comply with this policy?  Yes  No

Are you covered by a confidentiality or non-compete agreement?  Yes  No

Are you either a U.S. Citizen or an alien authorized to work in the United States?  Yes  No

What prompted you to apply at Bridgeway?  Newspaper  Great Hires  Bridgeway Website  Employee Referral  Other

Please specify which newspaper, employee, or other source: \_\_\_\_\_

Are you 18 years or older?  Yes  No If under 18, can you provide proof of your eligibility to work?  Yes  No

**EMPLOYMENT DESIRED** Position \_\_\_\_\_ Salary Desired \_\_\_\_\_ Date Available \_\_\_\_\_

For which schedules are you available?  Weekdays  Weekends  Evenings  Nights  Other \_\_\_\_\_

Have you ever worked or applied at Bridgeway before?  Yes  No When/Where? \_\_\_\_\_

Education	Name and Location	Did You Graduate?	Degree Obtained or Years Attended
High School			
College			
College			
Licenses/ Certifications			

### JOB-RELATED SKILLS & ACTIVITIES

If the job requires, do you have the appropriate valid driver's license?  Yes  No

DL# \_\_\_\_\_ Type \_\_\_\_\_ State of issue \_\_\_\_\_

Special skills \_\_\_\_\_

Activities \_\_\_\_\_

U.S. Military or Naval Services \_\_\_\_\_ Rank at discharge: \_\_\_\_\_

### COMPUTER SKILLS

Please check all software in which you are proficient.

Microsoft Word  Microsoft Excel  Microsoft Internet Explorer

Windows XP  Microsoft Outlook

Can you perform the requirements of this job with or without reasonable accommodation? Yes No  Yes with accommodation

If yes with accommodation, please explain \_\_\_\_\_

Bridgeway will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship.

**EMPLOYMENT HISTORY** PLEASE NOTE: We will make every effort to contact previous employers. The correct telephone numbers of past employers are critical. Ask for a phone book if needed.

MOST RECENT EMPLOYER	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently working for this employer? If yes, may we contact?	
				PHONE (   ) FAX (   )
COMPANY NAME	CITY	STATE		
FROM _____ TO _____ DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME		
DUTIES				<b>SEPARATION</b> <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY
_____ PER _____ SALARY (HOUR, WEEK, MONTH)	REASON FOR LEAVING			
SECOND MOST RECENT EMPLOYER				PHONE (   ) FAX (   )
COMPANY NAME	CITY	STATE		
FROM _____ TO _____ DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME		
DUTIES				<b>SEPARATION</b> <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY
_____ PER _____ SALARY (HOUR, WEEK, MONTH)	REASON FOR LEAVING			
THIRD MOST RECENT EMPLOYER				PHONE (   ) FAX (   )
COMPANY NAME	CITY	STATE		
FROM _____ TO _____ DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME		
DUTIES				<b>SEPARATION</b> <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY
_____ PER _____ SALARY (HOUR, WEEK, MONTH)	REASON FOR LEAVING			

**REFERENCES** Please give the names of **THREE PROFESSIONAL ASSOCIATES** or previous supervisors familiar with your training or work experience, whom you have known at least one year and preferably who are not already listed in your Employment History. **DO NOT INCLUDE RELATIVES OR FRIENDS.** If a recent college graduate, professors and faculty advisors are helpful.

Name	Relationship to Reference & Company	Phone Number (Work/Home)	Years Known
		W: H:	
		W: H:	
		W: H:	

To the best of my knowledge, all information contained in my employment application is complete, true, and correct. I voluntarily and knowingly authorize Bridgeway Behavioral Health, Inc. and it's agents to verify any aspect of the information contained in my employment application including my employment, salary history and criminal record. I also authorize the release of educational transcripts to the company for the purpose of my employment review. If the position for which I am applying requires driving a car as an essential job function, my driving record will also be reviewed. I understand that misrepresentations, falsified statements, or omissions on this application may result in rejection of my application or discharge at any time during my employment at Bridgeway. I release all parties from all liability for any damage that may result from utilization of such information.

I understand and agree that, if hired, my employment is for no definite period and that I retain the right to terminate my employment, with or without cause, at any time and that Bridgeway Behavioral Health, Inc. retains the same right within the limits and requirements imposed by law. I acknowledge my understanding that statements which are contained in policies, procedures, handbooks, and other company material, do not create any guarantee of employment or any employment contract. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that Bridgeway Behavioral Health, Inc. has the right to modify, amend or terminate policies, procedures, benefit plans, and other company programs within the limits and requirements imposed by law. Bridgeway Behavioral Health is an Affirmative Action, Equal Opportunity Employer. We encourage applications from qualified persons regardless of sex, marital status, age, creed, race, color, religion, pregnancy, veteran's status, handicap or disability which does not interfere with the performance of essential job functions. In the event that I am employed, I understand that regardless of the job that I am first assigned, I may be required to accept a change of job depending on my demonstrated skills after employment and/or the needs of the Agency. I also understand that I am required to abide by all rules and policies of the Agency.

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



## EMPLOYEE DISQUALIFICATION LIST

I \_\_\_\_\_ authorize Bridgeway Behavioral Health to search my Social Security number on the Missouri Department of Health and Senior Services Senior Services and Regulation, Employee Disqualification List (EDL). I realize that if my name is on the Employee Disqualification List it is due to an investigation and a determination by the state to place a person's name on the employee disqualification list. And that under State law (660.315 RSMo) Bridgeway Behavioral Health cannot hire or have me perform any unpaid services (i.e. volunteer, practicum) and I have no right to follow suit.

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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



## PRE-EMPLOYMENT DRUG TESTING

Bridgeway is committed to providing a drug free work environment for its employees. As part of employment process, Bridgeway requires all candidates who receive an offer of regular, part-time and full-time employment are contingent upon satisfactory results of a pre-employment drug test.

By signing this I understand that:

- I will obtain a drug test upon receipt of a verbal offer of employment within 24-hours of said offer.
- The fee of the drug screening will be reimbursed only upon negative results of the drug screening and upon hire.
- I understand that failure to pass the drug screen will result in elimination for consideration for the current open position.
- Drug test results will be kept confidential and will be used by Bridgeway for the purpose of hiring determination only.
- A positive drug test can be reviewed by a Medical Review Officer at candidates' expenses unless candidate is hired.

My signature acknowledges that I have read, understand and agree with the above information.

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Signature

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Date



## CONFIDENTIALITY AGREEMENT

All persons receiving services from Bridgeway Behavioral Health, Inc., shall be assured of complete confidentiality. No one shall discuss the name or relevant characteristics describing persons receiving services to anyone outside the counseling team. Further, the location of the Robertson Center and Women's Center Domestic Violence Programs shall be kept confidential.

The only exception to this confidentiality regulation that allow anyone to disclose information without a client's consent are:

1. A medical emergency
2. A program evaluation or audit
3. Commission or threat of a crime
4. Child abuse and/or neglect
5. A court order to disclose

Violation of this federal law is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

All clients and employee records, internal working documents, and administrative reports are the property of Bridgeway Behavioral Health, Inc. and shall not be removed from Bridgeway property or disclosed in any form of communication to outside parties without written permission from the program director.

As staff, contractors and/or volunteers, violations of this confidentiality agreement will result in termination.

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Signature

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Date

## BRIDGEWAY BEHAVIORAL HEALTH, INC. DEMOGRAPHIC DATA COLLECTION FORM

COMPLETION OF THIS FORM IS STRICTLY VOLUNTARY AND IN NO MANNER AFFECTS YOUR APPLICATION FOR EMPLOYMENT.

Since you recently have applied or been recommended for a position at Bridgeway Behavioral Health, Inc., we would appreciate your completing this form. This information is maintained separately from your application for employment and is used for data collection purposes only.

Position Applied For: \_\_\_\_\_

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

Source: \_\_\_\_\_  
(How did you find out about this position? Be as specific as possible.)

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Viet Nam Veteran: \_\_\_\_\_ Disability: \_\_\_\_\_

Ethnic/Race Category:

\_\_\_\_\_ Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

\_\_\_\_\_ White (not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

\_\_\_\_\_ Black or African American (Not Hispanic or Latino) – A person having origins in any of the Black racial groups of Africa.

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_\_ Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_\_\_ American Indian or Alaskan Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community recognition.

\_\_\_\_\_ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

Thank you for your cooperation.

(Bridgeway Behavioral Health, Inc. is committed to providing equal opportunity employment without regard to race, color, sex, religion, age, national origin, physical or mental disability, or any other characteristic protected by law. Bridgeway will make reasonable accommodations for qualified individuals with known disabilities unless doing so will result in an undue hardship.)

**BRIDGEWAY BEHAVIORAL HEALTH, INC.**  
**1570 South Main Street**  
**St. Charles, MO 63303**  
**PHONE: 636.757.2225 FAX: 636.757-2210**

**EMPLOYEE RELEASE AUTHORIZATION**

Applicant's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Position \_\_\_\_\_ Department \_\_\_\_\_

I certify that the facts contained in this application are true and I understand that, if employed, falsified statements on this application shall be grounds for immediate dismissal.

I authorize investigation of all statements and references listed to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from utilization of such information.

I understand and agree that this application for employment is not intended to create any contractual rights in favor of me or the Agency and that either party may dissolve the employment relationship at any time.

Bridgeway Behavioral Health is an Affirmative Action, Equal Opportunity Employer.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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**TO BE COMPLETED BY FORMER EMPLOYER**

**Company Name** \_\_\_\_\_

Company Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Contact Person \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Position \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

How was attendance? \_\_\_\_\_

Work Quality? \_\_\_\_\_

Get along with other Employees? \_\_\_\_\_

Eligible for rehire? \_\_\_\_\_

Additional Comments \_\_\_\_\_

Date Sent \_\_\_\_\_