



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"/> No <input type="checkbox"/> Yes	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				SEPARATION <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				SEPARATION <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				SEPARATION <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: _____



**MANDATORY CRIMINAL HISTORY
RECORD CHECK AUTHORIZATION**

I, _____, hereby consent to and authorize Bridgeway Behavioral Health to conduct a State and/or national criminal record check on me pursuant to §122C-80 as a condition to an offer of employment. This record check will require me to provide identifying information, and may include fingerprinting. I agree to provide all necessary information and fully cooperate with the record check process.

I understand that if I refuse to consent to the applicable criminal history record check(s), Bridgeway Behavioral Health is prohibited from hiring me.

If my criminal history record check(s) reveals one or more convictions of a “relevant offense” as directed in §122C-80(e), I acknowledge that Bridgeway Behavioral Health has the right to determine whether or not to hire me in accordance with §122C-80(c).

Bridgeway Behavioral Health and its officers and employees shall be immune from civil liability for failing to employ me because of the information contained in my criminal history record check(s) so long as the decision is made in good faith and in accordance with the aforementioned section.

I understand that if I willfully give false information on an employment application that is the basis for a criminal history record check I am committing a Class A1 misdemeanor and could be prosecuted and/or disqualified from consideration from employment.

Signature

Date



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.

Signature

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.

Signature

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:** _____

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 _____