

**NORTHSIDE BEHAVIORAL HEALTH CENTER  
12512 BRUCE B. DOWNS BOULEVARD  
TAMPA, FLORIDA 33612**

**MAIN: (813) 977-8700  
FAX: (813) 972-3886**

**EMPLOYMENT APPLICATION**

An Equal Opportunity Employer  
Drug Free Work Place

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Number/Street Apt. # City State Zip

TELEPHONE: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_

Are you at least 18 years of age? Yes \_\_\_ No \_\_\_ Other Names used, if any: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Driver's License State: \_\_\_\_\_

I am applying for: \_\_\_\_\_ Full-time \_\_\_ Part-time \_\_\_ On-call \_\_\_

I can begin work: \_\_\_\_\_ Minimum salary acceptable: \_\_\_\_\_

Are you authorized to work in the United States for any employer? Yes \_\_\_ No \_\_\_

Have you ever been convicted of or pled guilty or nolo contendere to a felony or first degree misdemeanor? Yes \_\_\_ No \_\_\_

If "yes", please provide details of the charge(s), including location and dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** A "yes" answer to this question will not necessarily bar you from employment. The nature, severity and date of the offense in relation to the position for which you are applying will be considered.

Can you perform the essential functions of the job to which you are applying with or without reasonable accommodation? Yes \_\_\_ No \_\_\_

**Please indicate which degrees you have obtained:** \_\_\_ High School/GED \_\_\_ AA/AS \_\_\_ BA/BS \_\_\_ Masters & higher

Schools	Name/City & State	Dates Attended	Major	Graduation Date	Degree
High School	_____	_____	_____	_____	_____
College/University (Please indicate all attended)	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Vocational or Professional School	_____	_____	_____	_____	_____

**EMPLOYMENT HISTORY**

**Begin with your present or last job and describe in detail all periods of Employment or Non-employment for the past ten years**

1. Name of Employer \_\_\_\_\_ From (Mo)\_\_\_\_(Yr)\_\_\_\_ To (Mo)\_\_\_\_ (Yr)\_\_\_\_  
Address \_\_\_\_\_ Full-time:\_\_\_\_ Part-time\_\_\_\_ Hours per week \_\_\_\_  
Your Job Title \_\_\_\_\_ Supv. Name: \_\_\_\_\_  
Specific Duties \_\_\_\_\_ Supv. Title: \_\_\_\_\_  
\_\_\_\_\_  
Telephone # (\_\_\_\_) \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
May we contact this employer? \_\_\_\_ Yes \_\_\_\_ No

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2. Name of Employer \_\_\_\_\_ From (Mo)\_\_\_\_(Yr)\_\_\_\_ To (Mo)\_\_\_\_ (Yr)\_\_\_\_  
Address \_\_\_\_\_ Full-time:\_\_\_\_ Part-time\_\_\_\_ Hours per week \_\_\_\_  
Your Job Title \_\_\_\_\_ Supv. Name: \_\_\_\_\_  
Specific Duties \_\_\_\_\_ Supv. Title: \_\_\_\_\_  
\_\_\_\_\_  
Telephone # (\_\_\_\_) \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
May we contact this employer? \_\_\_\_ Yes \_\_\_\_ No

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3. Name of Employer \_\_\_\_\_ From (Mo)\_\_\_\_(Yr)\_\_\_\_ To (Mo)\_\_\_\_ (Yr)\_\_\_\_  
Address \_\_\_\_\_ Full-time:\_\_\_\_ Part-time\_\_\_\_ Hours per week \_\_\_\_  
Your Job Title \_\_\_\_\_ Supv. Name: \_\_\_\_\_  
Specific Duties \_\_\_\_\_ Supv. Title: \_\_\_\_\_  
\_\_\_\_\_  
Telephone # (\_\_\_\_) \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
May we contact this employer? \_\_\_\_ Yes \_\_\_\_ No

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4. Name of Employer \_\_\_\_\_ From (Mo)\_\_\_\_(Yr)\_\_\_\_ To (Mo)\_\_\_\_ (Yr)\_\_\_\_  
Address \_\_\_\_\_ Full-time:\_\_\_\_ Part-time\_\_\_\_ Hours per week \_\_\_\_  
Your Job Title \_\_\_\_\_ Supv. Name: \_\_\_\_\_  
Specific Duties \_\_\_\_\_ Supv. Title: \_\_\_\_\_  
\_\_\_\_\_  
Telephone # (\_\_\_\_) \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
May we contact this employer? \_\_\_\_ Yes \_\_\_\_ No

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5. Name of Employer \_\_\_\_\_ From (Mo)\_\_\_\_(Yr)\_\_\_\_ To (Mo)\_\_\_\_ (Yr)\_\_\_\_  
Address \_\_\_\_\_ Full-time:\_\_\_\_ Part-time\_\_\_\_ Hours per week \_\_\_\_  
Your Job Title \_\_\_\_\_ Supv. Name: \_\_\_\_\_  
Specific Duties \_\_\_\_\_ Supv. Title: \_\_\_\_\_  
\_\_\_\_\_  
Telephone # (\_\_\_\_) \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
May we contact this employer? \_\_\_\_ Yes \_\_\_\_ No

**LICENSURE, REGISTRATION AND SKILLS**

Please list all professional licenses and/or certifications held and any other skills you possess that you feel would be of special use in the position for which you are applying:

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License/Certification Number(s): \_\_\_\_\_

**PERSONAL REFERENCES:**

Please provide contact information for 2 personal references; personal references should not be relative or former employers or supervisors (friends and professional colleagues from prior employers are acceptable)

1. Name \_\_\_\_\_ How long known? \_\_\_\_\_  
Telephone # (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name \_\_\_\_\_ How long known? \_\_\_\_\_  
Telephone # (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

**EMPLOYMENT AT THE WILL OF NORTHSIDE BEHAVIORAL HEALTH CENTER:** I understand that if employed, my employment will be AT WILL. In other words, there will be no employment contract, expressed or implied, and my employment may be terminated at any time with or without notice by myself or Northside Behavioral Health Center.

**By my signature below, I attest and understand that:**

Northside Behavioral Health Center desires to check the information that I have provided on my application for employment. I understand that I am granting permission to Northside to obtain any information that any employer, any reference, or other person may have concerning my background, including verification of education, work records, criminal records of any kind and any related data.

I understand and agree that some of the information provided by me will be used by the local police authorities, the Florida Department of Law Enforcement, the DMV or others to check for criminal convictions consistent with current law. I understand that, based on the requirements of my position, I may be asked to provide proof of automobile insurance.

*I also understand that I must submit to a drug screen and Level II live scan finger printing screen.*

I hereby release Northside Behavioral Health Center, its officers, directors, employees, agents, and any other person, company, or organization from any liability or damages which result from Northside's inquiries hereunder.

I hereby certify that all statements made in this application are true, and I agree and understand that any misstatements of material facts herein will cause forfeiture on my part of all rights to any employment by Northside Behavioral Health Center. I further agree to a physical examination, if required, as a condition of my employment based on the requirements of my position.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please provide information for 2 prior employers on the following pages.**

**NORTHSIDE BEHAVIORAL HEALTH CENTER**  
**PROFESSIONAL/EMPLOYMENT REFERENCE**

EMPLOYER: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Number and Street City State Zip

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ ATTENTION: \_\_\_\_\_

Please verify the following information as given to us by your former employee, who has applied for a position with our organization.

NAME: \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

DATES OF EMPLOYMENT: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION(S): \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

I authorize the above named employer to furnish Northside Behavioral Health Center with the information requested on this form.

\_\_\_\_\_  
Applicant's Signature

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**To Be Verified By Former Employer**

Is the above information correct? Yes \_\_\_\_\_ No \_\_\_\_\_

Corrected information: \_\_\_\_\_

Eligible for re-hire? Yes \_\_\_\_\_ No \_\_\_\_\_

Please evaluate the following:	Excellent	Good	Average	Fair	Poor
Performance/Quality of Work	_____	_____	_____	_____	_____
Accepts Supervision	_____	_____	_____	_____	_____
Attitude/Cooperation	_____	_____	_____	_____	_____
Dependability/Attendance	_____	_____	_____	_____	_____
Overall Rating	_____	_____	_____	_____	_____

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This information was verified by:  
Fax sent to Employer \_\_\_\_\_ Phone call to Employer \_\_\_\_\_

\_\_\_\_\_  
Individual verifying information and title

\_\_\_\_\_  
Date

