



Southwestern Healthcare, Inc.

Caring for our Communities

Affiliated Organizations:

Southwestern Behavioral Healthcare, Inc. • Hillcrest Washington Youth Home, Inc. • Mulberry Center, Inc. • Friends of Mental Health
Equal Opportunity Employers

Application for Employment

Thank you for your interest in employment at Southwestern Healthcare, Inc. (Healthcare) and its affiliated organizations. Please provide all information requested to be sure that all of your qualifications are considered.

We consider all applicants for employment without regard to race, color, religion, sex, national origin, age, disability, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, we comply with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. We also provide "reasonable accommodations" to qualified individuals with disabilities, in accordance with the Americans With Disabilities Act and applicable state and local laws.

Interviews and selections are made on the basis of qualifications. Healthcare may share this application with any of its affiliated organizations. Your application will be kept on file for one year from the date of application. Select the company to which you are applying:

- Southwestern Healthcare, Inc.
- Southwestern Behavioral Healthcare, Inc.
- Hillcrest Washington Youth Home, Inc.
- Mulberry Center, Inc.

Today's Date: _____ Date Available to Begin Employment: _____

Position Desired: _____ Latest degree (if applicable): _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Home Phone: _____ Work Phone: _____

E-mail Address: _____

Schedule you are willing to work: (check all that apply) Full time Regular Part-time Part-Time as needed

Shift you are willing to work: (check all that apply) Day Evening Night

Are you willing to work overtime if necessary? Yes No

Salary Desired: _____ If your past employment records are in another name, please list: _____

Have you ever applied for a position with Healthcare or any of its affiliated organizations?
 Yes No If yes, when? _____

Have you ever worked for Healthcare or any of its affiliated organizations?
 Yes No If yes, when? _____

Do you have any relatives who are either currently employed by Healthcare or any of its affiliated organizations or serving on their Board of Directors?
 Yes No If yes, who? _____

Have you ever been charged with an offense other than a minor traffic violation? (A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.)
 Yes No

Are you authorized to work in the United States on a full-time basis for all employers?
 Yes No If no, please explain: _____

(Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, Healthcare will verify the status of every individual offered employment with the company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.)

Education

Name of School	Location	Check Last Year Completed	Graduate		Degree, Course, or Major
			Yes	No	
High School		9 10 11 12			
		9 10 11 12			
Bus./Trade School		1 2 3 4			
		1 2 3 4			
College-Undergraduate		1 2 3 4			
		1 2 3 4			
Graduate Schools		1 2 3 4			
		1 2 3 4			
Other		1 2 3 4			
		1 2 3 4			
Internships Residencies Field Placements					

Professional Data (If Applicable)

Licensure, Certification, and/or Registration

Type	Identification Number	State	Expiration Date

Special Skills

On a scale of 0-5, with 0 indicating no experience and 5 indicating highly proficient, rate your expertise with the following:

___ Microsoft Word ___ Microsoft Outlook ___ Microsoft Excel ___ Microsoft PowerPoint ___ Microsoft Access

___ Other (please identify and rate) _____

Keyboarding W.P.M. _____ Other skills helpful in position applying for: _____

Employment History

Have you ever been discharged or requested to resign from a position? Yes No If yes, please explain: _____

Beginning with your current/most recent employment, please complete the section below in full.

Company: _____ Job Title: _____ From: _____ (mo/yr) to _____ (mo/yr)

Address: _____ City/State: _____ Final Salary: _____

Manager: _____ Phone #: _____

Duties: _____

_____ Name under which employed: _____

Reason for Leaving: _____ How much notice did you give? _____

Company: _____ Job Title: _____ From: _____ (mo/yr) to _____ (mo/yr)

Address: _____ City/State: _____ Final Salary: _____

Manager: _____ Phone #: _____

Duties: _____

_____ Name under which employed: _____

Reason for Leaving: _____ How much notice did you give? _____

Company: _____ Job Title: _____ From: _____ (mo/yr) to _____ (mo/yr)

Address: _____ City/State: _____ Final Salary: _____

Manager: _____ Phone #: _____

Duties: _____

_____ Name under which employed: _____

Reason for Leaving: _____ How much notice did you give? _____

Company: _____ Job Title: _____ From: _____ (mo/yr) to _____ (mo/yr)

Address: _____ City/State: _____ Final Salary: _____

Manager: _____ Phone #: _____

Duties: _____

_____ Name under which employed: _____

Reason for Leaving: _____ How much notice did you give? _____

NOTE: If you have additional work experience, please provide the information on a separate sheet of paper.

References

List individuals who have knowledge of your work background. (Do not list relatives or supervisors named on previous page.)

Name: _____ Occupation/Relationship _____ No. of Years Known: _____

Address: _____
Street City State Zip Code

Business Phone: _____ Home Phone: _____

Name: _____ Occupation/Relationship _____ No. of Years Known: _____

Address: _____
Street City State Zip Code

Business Phone: _____ Home Phone: _____

Name: _____ Occupation/Relationship _____ No. of Years Known: _____

Address: _____
Street City State Zip Code

Business Phone: _____ Home Phone: _____

Notice: Read Carefully

I understand and agree that:

1. This information I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during my interviews, can be justification of refusal of employment, or, if employed, termination from Healthcare and its affiliated organizations.
2. The Drug Free Workplace Policy of Healthcare and its affiliated organizations require a drug and alcohol screening of all applicants for employment. I agree to undergo a drug and alcohol screening as required by the Drug Free Workplace Policy of Healthcare and its affiliated organizations, and I consent to the release of any information or data obtained from such screenings to Healthcare and its affiliated organizations.
3. In processing my application for employment, Healthcare and its affiliated organizations may verify all the information provided by me. I authorize and request that all my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
4. If being hired for a clinical staff position with Southwestern Behavioral Healthcare, Inc., I will be required to make application for membership and privileging in the Clinical Staff Organization (CSO).
5. I understand that some positions at Healthcare and its affiliated organizations may require various background checks. I understand that this includes, but is not limited to fingerprinting and a criminal history background check. I authorize and request that Healthcare and its affiliated organizations perform such background testing to the extent permitted by applicable law.
6. Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, regardless of the contents of any employee handbook, personnel policies, benefit plans or other company practices, shall serve to create an actual or implied contract for employment, or otherwise to change in any respect the employment at-will relationship between me and Healthcare and its affiliated organizations. The employment at-will relationship may be terminated by either me or Healthcare and its affiliated organizations at any time without any specified notice or reason. This employment at-will relationship is not changed by any subsequent revision or modification to any of the benefits, policies, or procedures of Healthcare and its affiliated organizations.

Date _____ Signature _____
(Rev. 2/10)

FOR ADMINISTRATIVE USE ONLY

CSO Review By _____ Date _____

Authorized Salary _____ By _____ Date _____

Date of Drug Screen _____ Date of Result _____ Initials _____