



TOUCHSTONE BEHAVIORAL HEALTH Employment Application

Touchstone Behavioral Health is an equal opportunity employer and in conformity with applicable laws does not discriminate on the basis of race, color, religion, sex, national origin, marital status, veteran status, physical or mental handicap, personal appearance, family responsibilities, matriculation, political affiliation and any other impermissible criteria according to applicable law. No questions on this application are intended to secure such information to be used for such discrimination. This application will be given every consideration but its receipt does not imply that the applicant will be employed. This application is valid for the position opening for which you applied only. If you wish to be considered for other position openings, you must complete an application for these positions separately.

(Please Print)

Name:

Address:

Home Telephone: _____

Other Phone: _____

EMPLOYMENT INFORMATION

Date of Application: _____

Position applied for _____

Referral source: Touchstone Web-Site Career Builder Jobing.com Arizona Republic
West Valley View Friend _____ Relative _____
Touchstone Employee: _____ Other: _____

On what date would you be available to start working? _____

Circle the hours you are able to work? Full time Part time

Are you available for weekend and evening work? Yes No

Minimum pay acceptable: \$ _____ Hourly Weekly Annually

List any other names you have used: _____

Have you ever worked for Touchstone before? Yes/Date _____ No _____

Do you have any relatives currently working for Touchstone Behavioral Health: Yes _____ No _____

If Yes to above, list name:

Have you ever been involuntarily terminated from employment? Yes _____ No _____

If yes or unsure, please explain: _____

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Please list all employment you have held for the last five years. You must explain any gaps of employment of six months or greater. Include military service, assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, sex, or national origin. Please explain

(1) Employer	From	To	Telephone
Address	City	State	Zip
Job Title	Supervisor	Salary/	Start & Final
Work performed			
Reason for leaving			
(2) Employer	From	To	Telephone
Address	City	State	Zip
Job Title	Supervisor	Salary/	Start & Final
Work performed			
Reason for leaving			
(3) Employer	From	To	Telephone
Address	City	State	Zip
Job Title	Supervisor	Salary/	Start & Final
Work performed			
Reason for leaving			

EMPLOYMENT EXPERIENCE (Continued)

(4) Employer	From	To	Telephone
Address	City	State	Zip
Job Title	Supervisor	Salary/ Start & Final	
Work performed			
Reason for leaving			
(5) Employer	From	To	Telephone
Address	City	State	Zip
Job Title	Supervisor	Salary/ Start & Final	
Work performed			
Reason for leaving			
(6) Employer	From	To	Telephone
Address	City	State	Zip
Job Title	Supervisor	Salary/ Start & Final	
Work performed			
Reason for leaving			

EDUCATION

	Elementary/ High School	College/University	Graduate/Prof
School Name			
Years Completed (circle)	4 5 6 7 8 9 10 11 12	1 2 3 4	1 2 3 4
Credits Earned			
Diploma/Degree Awarded			
Describe Course of Study			
Describe specialized Training, Apprenticeship Skills, and Extra Curricular Activities Honors received:			

SPECIAL SKILLS & QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience:

List languages other than English you can speak: _____

Complete this section only if the position you are applying for requires a driving qualification.

Do you have a valid driver's license? Yes No

If yes: _____
 License number Expiration Date State issued

List any specialized licenses that you hold:

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex, or national origin):

State any additional information or qualifying statement you care to make that you feel may be helpful to us in considering your application:

CRIMINAL HISTORY RECORD

As a behavioral health employer, we must use reasonable care to select an employee who is fit to perform the job duties without posing any harm or threat to the children we serve. All positions at Touchstone require an Arizona Fingerprint Clearance Card from the Arizona Department of Public Safety.

If you do not currently possess a Fingerprint Clearance Card or are not sure if you would qualify for this card, we ask that you request and review a copy of the Employment Application Supplement which provides a full list of criminal offenses which preclude the issuance of a card.

Do you currently possess an Arizona Fingerprint Clearance Card? ___yes ___no

If yes, please provide the following:

Name as it appears on the card: _____

Card # _____ Expiration Date: _____

Do you qualify for an Arizona Fingerprint Clearance Card? ___yes ___no ___unsure

If no or unsure, please explain: _____

AUTHORIZATION

I hereby affirm that the facts contained in this application are true, correct and complete to the best of my knowledge. I have not withheld any fact or circumstance which would, if discovered, affect my application unfavorably. I understand that the misrepresentation or omission of a fact called for in this application or other company records may be cause for immediate dismissal.

I further authorize Touchstone Behavioral Health (Touchstone) to verify any and all information contained herein. This includes the investigation of references and employers listed within to provide you any and all information concerning my previous employment and other pertinent information.

I hereby authorize and permit Touchstone to hereafter investigate and disclose information contained in this application and such additional information regarding my employment with Touchstone to any person, firm or organization (e.g. State Police re criminal check). I also release Touchstone from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of Touchstone has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing unless it is written and signed by an authorized company representative. I also understand if I should become employed by Touchstone, that my employment is at-will and can be terminated by me or Touchstone at any time without cause and without notice.

Under the federal employee polygraph protection act of 1988 an employer may not require any applicant for employment or prospective employment on any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this act may have court actions brought against them by the secretary of labor to restrain any such violation and assess civil money penalties up to \$10,000.

I hereby acknowledge that I have read all of the above Statements and understand the same.

Signature

Date

Social Security # _____ (Necessary to verify employment)