

PONESSA BEHAVIORAL HEALTH APPLICATION FOR EMPLOYMENT

NAME: _____ DATE: _____

LAST
FIRST
MI

PRESENT ADDRESS: _____

STREET
CITY
STATE
ZIP CODE

PHONE NO: _____

HOME
CELL PHONE

EMAIL ADDRESS: _____

PROGRAM INTEREST(S): Mental Health Outpatient School Based Outpatient IBHS Billing
 Substance Use Disorder Outpatient Support Staff Medical Department Partial Hospital Program

POSITION DESIRED: _____ SALARY DESIRED: _____

Date Available to Start: _____ Full-time or Part-time

How Did You Learn About Us? Advertisement Job Fair (Specify): _____ Ponessa Website
 Relative/Friend Ponessa Employee _____ Walk-In Other: _____

Are there limitations to your schedule? YES NO

If yes, please state day/time unavailable for work: _____

Have you ever filed an application with us before? YES NO If yes, give date: _____

Have you ever been employed with us before? YES NO If yes, give date: _____

Some positions require a valid PA driver's license. Do you have a valid PA driver's license? YES NO

Do you have a dependable vehicle available for work if a vehicle is required? YES NO

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS COMPLETED	DIPLOMA/ DEGREE	COURSE OF STUDY
HIGH SCHOOL				
UNDERGRADUATE STUDY				
GRADUATE				
TRADE, BUSINESS, MILITARY, OTHER				

List any professional license(s): _____ License number(s): _____

If you have a professional license, has your professional license ever been revoked? YES NO

If yes, please explain: _____

List any relevant certifications or special skills (Ex- CPR, Sign Language, etc.): _____

List any foreign languages you can speak, read and/or write: _____

PROFESSIONAL REFERENCES: Give the names of 3 persons not related to you. References should include previous supervisors who have direct knowledge of your professional competence and your personal qualifications. If any person(s) listed should not be contacted for reference at this time, indicate in the left-hand margin the date contact(s) may be made.

NAME	EMAIL ADDRESS	PHONE NO.	BUSINESS	RELATIONSHIP

EMPLOYMENT EXPERIENCE: Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. (PLEASE PRINT) List every position held within the last ten years.

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL? YES NO

EMPLOYER NAME/ADDRESS	STARTING DATE	ENDING DATE	JOB TITLE:
			JOB DUTIES:
PHONE NO:	SUPERVISOR NAME:	REASON FOR LEAVING:	
STARTING SALARY	ENDING SALARY		
EMPLOYER NAME/ADDRESS	STARTING DATE	ENDING DATE	JOB TITLE:
			JOB DUTIES:
PHONE NO:	SUPERVISOR NAME:	REASON FOR LEAVING:	
STARTING SALARY	ENDING SALARY		
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STARTING SALARY	ENDING SALARY		

EMPLOYER NAME/ADDRESS	STARTING DATE	ENDING DATE	JOB TITLE:
	STARTING SALARY	ENDING SALARY	JOB DUTIES:
PHONE NO:	SUPERVISOR NAME:	REASON FOR LEAVING:	

If you need additional space, please continue on a separate sheet of paper.

GENERAL INFORMATION:

1. Have you ever been an adjudicated delinquent of any offense and/or convicted (or plead guilty) of a summary, misdemeanor, or felony offense in this state or any other state? YES NO

If yes, please explain: _____

(Information regarding convictions will not necessarily disqualify you for employment, but will be reviewed in light of duties and responsibilities of the position being sought.)

2. Have you ever received Accelerated Rehabilitated Disposition (ARD) for any offense? YES NO

3. Have you ever been terminated from any job for any reason? YES NO

4. To your knowledge, are you related to any current employee of Ponessa Behavioral Health? YES NO

If yes, please state the name of the individual: _____

What is your relationship to him/her? _____

5. To your knowledge, do you, a family member, or anyone living in your household currently receive services at Ponessa Behavioral Health? YES NO

6. To your knowledge, have you, a family member, or anyone living in your household previously received services at Ponessa Behavioral Health? YES NO

If yes, who was the individual: _____ and when: _____

7. Are you a US citizen, US national, lawful permanent resident, lawful temporary resident, asylee, or refugee? YES NO

(The term "Lawful Temporary Resident" refers to aliens granted temporary resident status under amnesty programs, not to aliens holding short-term visas such as the H-1B, J, or F).

If "Yes", do not answer question 8.

If "No", please answer question 8.

8. a) What is your current immigration status? _____

When does this status expire? _____

Month/Day/Year

b) Do you have an Employment Authorization Document? YES NO

If "yes", when does it expire? _____

Month/Day/Year

I hereby give Ponessa Behavioral Health the right to make a thorough investigation into my previous employment, education, and references. I release from liability all persons, companies, and corporations supplying such information and indemnify and hold harmless Ponessa Behavioral Health from any liability which might result from such an investigation.

I understand that any false answers, statements or representations made by me in this application shall constitute sufficient cause for dismissal. I understand that nothing contained in this application or granting of an interview is intended to create an employment contract between Ponessa Behavioral Health and myself.

If an employment relationship is established, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages, be terminated at any time without any previous notice.

I understand that, if accepted for employment, I must abide by the rules and policies of Ponessa Behavioral Health and that I will be hired in a probationary status not to exceed 180 days.

Signature

Date

APPLICANT'S STATEMENT

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the release to Ponessa Behavioral Health, of any and all information relative to my qualification for employment, including but not limited to dates of employment, attendance records, performance ratings, rates of pay and eligibility for reemployment. I authorize its release without penalty or liability. A photocopy of this authorization shall be considered as valid as the original.

Signature of Applicant

Date

PONESSA BEHAVIORAL HEALTH IS AN EQUAL OPPORTUNITY EMPLOYER. THE PERSONNEL POLICIES ARE DESIGNED TO ASSURE EQUAL TREATMENT OF ALL INDIVIDUALS WITH REGARD TO EMPLOYMENT REGARDLESS OF RACE, RELIGION, COLOR, NATIONAL ORIGIN, SEX, AGE, VETERAN'S STATUS, OR NON-JOB RELATED PHYSICAL OR MENTAL HANDICAP OR DISABILITY.

Revised 8/16/2022