



2185 West 8th Street, Erie, PA 16505
 Phone: (814) 453-5806
 Fax: (814) 464-8463
 www.stairwaysbh.org

Application For Employment

Date of Application

Last Name			First			Middle			Applying for Full or Part Time			
Street Address						Email address			Social Security Number			
City			State			Zip Code			Telephone Home: Cell: Work:			
Do you have a current Driver's License? YES or NO									Position or Type of Work Desired			
State Issued by:			License Number:									
How were you referred? (Circle one)	A School	B Advertisement	C Employment Agency	D Employee (List Name)		E Military Service	F Walk-In	G Resume/ Letter	H Job Fair	I Other		

Your completed application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time. You may also submit a resume, but this **entire application must be completed**.

An Equal Opportunity Employer

Stairways Behavioral Health provides equal opportunities in all of our employment practices to all qualified employees and applicants without regard to race, color, religion, gender, national origin, age, disability, marital status, military status or any other category protected by federal, state and local laws. Information provided on this application will not be used for any discriminatory purpose.

Educational History

	School Name and Address	Major Course or Subject	Graduated		Degree (Associates, Bachelors)Certificate, etc	Date Received
			Yes	No		
High School						
Technical School						
College(s) - List all attended						
Other Education / Training						

Outside Activities

(Exclude activities indicating race, color, religion, sex, national origin, age, handicap, or Vietnam-era veteran status)

Professional memberships, certificates, or licenses held

Past and present civic or cultural activities. Include offices held.

Principal Hobbies

Special Skills

(List special skills applicable to the position for which you are applying, such as typing or computer skills for clerical, equipment usage for maintenance, clinical skills for direct care, supervisory skills for management, etc.)

Employment Record Starting with present or most recent, list all previous employers. Include self employment, summer and part time jobs. IF MORE SPACE IS REQUIRED, PLEASE USE ADDITIONAL SHEETS. You may attach your resume, BUT YOU MUST COMPLETE ALL INFORMATION REQUESTED ON THE APPLICATION.

Last or Present Employer		Type of Employer	Title or Job Classification
Street Address		Phone Number	Brief description of your job duties.
City	State	Zip Code	
Supervisor Name & Title		Phone Number	
Base Salary	Dates Worked		
	From	To	
Reason for Leaving			

Employer		Type of Employer	Title or Job Classification
Street Address		Phone Number	Brief description of your job duties.
City	State	Zip Code	
Supervisor Name & Title		Phone Number	
Base Salary	Dates Worked		
	From	To	
Reason for Leaving			

Employer		Type of Employer	Title or Job Classification
Street Address		Phone Number	Brief description of your job duties.
City	State	Zip Code	
Supervisor Name & Title		Phone Number	
Base Salary	Dates Worked		
	From	To	
Reason for Leaving			

IF MORE SPACE IS REQUIRED TO LIST OTHER EMPLOYMENT, PLEASE USE ADDITIONAL SHEETS.

Volunteer / Internship Experience

List relevant internship and / or volunteer experience

Location of Internship or Volunteer Work	Dates		Duties performed, skills practiced, etc.
	From	To	

Miscellaneous Information

- ♦ Have you previously been employed by SBH? _____ If yes, when? _____
Position: _____
- ♦ Do you have any relatives currently employed by SBH? _____ If yes, list name(s): _____
- ♦ Have you ever been convicted of any crimes other than minor traffic violations ? YES or NO If YES, please list convictions below:
(A conviction record will not necessarily bar you from employment) _____
- ♦ Will visa or other immigration status prevent lawful employment? _____
- ♦ Are you willing / able to work other than first shift? YES or NO If yes, check shift(s) you can work: 2nd shift 3rd shift
- ♦ Have you had Act 33/34 or FBI Criminal clearances completed within the last year? _____

PLEASE NOTE: Current Act 33/34/FBI clearances and Motor Vehicle Report is required for all employment.

Military Record

Present military affiliation: None Active Reserve Inactive Reserve Branch: _____

Service History: Branch: _____ From: _____ To: _____

Training and type of duty while in the service: _____

Professional / Work References

Must list **TWO PAST SUPERVISORS** and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title/Relationship	Address	Phone/Email	Occupation

- ♦ May SBH contact your present employer for a reference? _____
- ♦ What are your wage / salary requirements? _____
- ♦ What date are you available to begin work? _____
- ♦ If any of your educational or employment records are under a different name,
please provide the other name: _____

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from Stairways Behavioral Health service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that employment with Stairways Behavioral Health, unless otherwise received in writing, is at will.

Applicant Signature

Date

REFERENCE INQUIRY

APPLICANT NAME: _____

SOCIAL SECURITY NUMBER: _____

I hereby authorize the release of information requested below.

Applicant Signature

Date

ATTENTION APPLICANT: Do Not Complete the following sections

WORK REFERENCE - Present or Previous Employer

The above named applicant has applied for work with Stairways Behavioral Health as a _____. S/he claims previous employment with your organization. We would appreciate your verification of this claim and the completion of this brief questionnaire. All information disclosed in this reference will be held in strict confidence. Thank you

Company Name: _____

Employed as: _____ Dates of Service: _____

Reason for Leaving: _____ Would you re-hire? _____

	Outstanding	Above Average	Average	Below Average
Ability				
Attendance				
Attitude Toward Job				
Cooperation				
Integrity				
Neatness				
Quantity of Work				
Overall Performance				

Former Employer Signature

Printed Name

Title

Date

PERSONAL OR EDUCATIONAL REFERENCE

Printed Name of Personal Reference: _____

School Affiliated With: _____

How long have you known the applicant? _____

How would you describe the applicants personality? _____

How does the applicant interact with other people?

General Comments:

Signature of Reference

Date



AFFIRMATIVE ACTION APPLICANT DATA

Date: _____ Gender: Male Female

Position Applied For: _____ Age: _____

Stairways Behavioral Health is committed to equal Opportunity, non-discrimination and affirmative action. The Affirmative Action Plan and legal responsibilities to equal employment opportunity require periodic reports of job applicants by race/ethnic categories, gender, disability / handicap, and veteran status. This information is voluntary and will be kept confidential.

PLEASE CHECK THE APPLICABLE CATEGORIES FOR SECTIONS "A" AND "B":

- A.** American Indian or Alaskan Native Asian or Pacific Islander
 Black (Non-Hispanic) Hispanic
 White (Non-Hispanic)
- B.** Disabled Veteran Other Veteran
 Vietnam-Era Veteran
- C.** Disabled / Handicapped

Stairways Behavioral Health is an equal opportunity employer and does not discriminate against any person because of age as defined by law, ancestry, color, disability or handicap, national origin, race, religious creed, sexual orientation, or veteran status. Inquiries should be directed to the Director of Human Resources, 2185 West 8th Street, Erie, PA 16505; (814) 453-5806.

Definitions

- A. American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America and who maintain a cultural identification through tribal affiliation or community recognition.
Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. The areas include, for example, China, Japan, Korea, India, The Philippine Islands, and Samoa.
Black (not of Hispanic origin): All persons having origins in any of the black racial groups of Africa.
Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
 NOTE: Members of groups who are not U.S. citizens or permanent residents of this country, are not considered American minorities. They may, however, still be protected by laws prohibiting discrimination based on national origin.
- B. Disabled Veteran or Vietnam Era Veteran:** Persons who qualify as (1) disabled veterans if they have a 30% or more disability or were discharged or released from active duty because of a service connected disability, or (2) any part of whose active military service was during the Vietnam era.
- C. Disabled Individuals:** Any person who (1) has a physical or mental impairment which substantially limits one or more of such a persons major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment.