

# BEHAVIORAL HOSPITAL OF LONGVIEW

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) applied for	Date of Application				
<p>How Did You Learn About Us? (check all that apply)</p> <p style="text-align: center;"> <input type="checkbox"/> Advertisement                <input type="checkbox"/> Relative                <input type="checkbox"/> Inquiry                <input type="checkbox"/> Employment Agency                <input type="checkbox"/> Friend  <input type="checkbox"/> Other _____         </p>					
Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip
Telephone Number(s)			Social Security Number		
			/	/	

Best time to contact you at home is: \_\_\_\_\_ am/pm

If you are under 18 years of age, can you provide required proof of your eligibility to work?     Yes     No

Have you ever filed an application with us before?     Yes     No

If yes, provide date(s) \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?     Yes     No

Are you currently employed?     Yes     No

May we contact your present employer?     Yes     No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
*Proof of citizenship or immigration status will be required upon employment*     Yes     No

Date available for work \_\_\_\_\_ what is your desired salary range? \_\_\_\_\_

Are you available to work :     Full Time (please indicate 1 2 3 shift)  
                                            Part Time (please indicate Mornings Afternoon Evenings)  
                                            Temporary (please indicate dates available \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_)

Are you currently on "lay-off" status and subject to recall?     Yes     No

Can you travel if job requires?     Yes     No

# EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

**Describe any specialized training, apprenticeship, skills and extra-curricular activities.**

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**Describe any job-related training received in the United States military:**

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# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

These are the only employers that I have had in the last 7 years: Signature \_\_\_\_\_

Date \_\_\_\_\_

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers(s)	Hourly Rate/Salary		
	Starting / Final		
Job Title			
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers(s)	Hourly Rate/Salary		
	Starting / Final		
Job Title			
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers(s)	Hourly Rate/Salary		
	Starting / Final		
Job Title			
Supervisor			
Reason for Leaving			

## ADDITIONAL INFORMATION

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## SPECIALIZED SKILLS (Check Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____		

State any additional information you feel may be helpful to us in considering your application.

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**Note to Applicants:** DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given  YES  NO

## REFERENCES

Do not list relatives or former/current employees. List home phone \_\_\_\_\_ and work phone \_\_\_\_\_

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

3. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

4. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

# Confidential Reference Request Form

I, \_\_\_\_\_ hereby authorize release of any  
 (Please Print)  
 information requested. I hold harmless said employer and Behavioral Hospital of Longview, Inc. from any liability regarding this information and/or its use. I understand that my full cooperation is essential to obtain employment with Behavioral Hospital of Longview, Inc. and that any omissions or misrepresentations during the application process may result in my immediate termination.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
 Previous/Current Employer Name

\_\_\_\_\_  
 Reference Given By Title

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Position (s) Held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Eligible for Rehire? Yes: \_\_\_\_\_ No: \_\_\_\_\_

	Excellent	Good	Satisfactory	Fair	Unsatisfactory
Attendance					
Cooperation					
Job Knowledge / Competence					
Quantity of Work					
Quality of Work					

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

Employee Requesting Information \_\_\_\_\_  
Signature Date

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I, \_\_\_\_\_ hereby authorize release of any  
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Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
 Previous/Current Employer Name

\_\_\_\_\_  
 Reference Given By Title

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Position (s) Held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Eligible for Rehire? Yes: \_\_\_\_\_ No: \_\_\_\_\_

	Excellent	Good	Satisfactory	Fair	Unsatisfactory
Attendance					
Cooperation					
Job Knowledge / Competence					
Quantity of Work					
Quality of Work					

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

Employee Requesting Information \_\_\_\_\_  
Signature Date

**Indicate any foreign languages you can speak, read and / or write**

	Fluent	Good	Fair
Speak			
Read			
Write			

Name: \_\_\_\_\_

*(Please Print)*

# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Behavioral Hospital of Longview will do a criminal background check, which may result in applicant not being hired or considered for employment.

Have you ever been arrested?     Yes     No    If yes, explain:

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In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# BEHAVIORAL HOSPITAL OF LONGVIEW

## EMERGENCY PREPAREDNESS INFORMATION SHEET – 2006

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Position \_\_\_\_\_ Shift: \_\_\_\_\_

YES

NO

Do you have a 4-wheel drive vehicle? \_\_\_\_\_

In case of an emergency would you be available to work? \_\_\_\_\_

Do you have a cellular phone? \_\_\_\_\_

Your cellular phone number: \_\_\_\_\_

Would you bring your family to the Hospital during an emergency? \_\_\_\_\_

If yes, how many? \_\_\_\_\_ Adults \_\_\_\_\_ Children

Your home phone number: \_\_\_\_\_

Your beeper number: \_\_\_\_\_

**Good Shepherd Occupational Medicine**

701 N. 6th St.  
Longview, TX 75601  
Phone: 903-315-5520  
Fax: 903-663-6371

**AUTHORIZATION FOR SERVICES**

Your company's specific tasks are listed below. Please circle the appropriate tasks requested and mark out any tasks that you do not want performed at this time. You may add additional tests on the bottom of this form. Please fax this written authorization form to GSMC Occ. Med at (903) 663-6371 PRIOR TO SENDING THE EMPLOYEE/DONOR FOR TESTING OR SEND THE FORM WITH THE EMPLOYEE/DONOR.

DRUG SCREENING INSTRUCTIONS: THE DONOR MUST BRING IN A DRIVER'S LICENSE WITH A PHOTO OR A FEDERAL/STATE ISSUED FORM OF IDENTIFICATION.

Name \_\_\_\_\_ SS# \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

**Purpose of Test: Please check below**

- Pre-placement/Post-Offer (Pre-Emp) (&TB)
- Return-To-Duty
- Post Accident
- Random
- Reasonable Suspicion
- Re-Cert DOT
- Other

**PROCEDURE SUMMARY: Behavioral Hospital**

**IFV**

DRUG-10 Drug screen (10-panel) Price: \$ 33.00

IFV Injury first visit Price: \$ 0.00

TWCC-73 DWC-73-Fee Price: \$ 18.00

**PRE-EMP**

**Pre-Employment Testing**

DRUG-10 Drug screen (10-panel) Price: \$ 33.00

PPD PLNT PPD Plant Price: \$ 12.00

\_\_\_\_\_  
Signature of Authorized Company Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Company Representative

**Please email results of Drug test and TB test to [lmurphy@longviewhospital.com](mailto:lmurphy@longviewhospital.com)**

# Directions to Occ. Health Good Sheppard

701 N 6th St, Longview, TX 75601

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1. Head **west** on **Bermuda Ln**  
toward **Meadowview Ln**

go 0.2 mi  
total 0.2 mi

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2. Turn **left**  
at  
**McCann  
Rd**  
About 2  
mins

go 0.9 mi  
total 1.1 mi

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3. Turn **left** at **McCann  
Rd/Spring Hill Rd**  
Continue to follow Spring  
Hill Rd  
About 2 mins

go 0.7 mi  
total 1.8 mi

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4. Turn **right** at **Judson  
Rd**  
About 7 mins

go 3.4 mi  
total 5.2 mi

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5. Continue straight onto **N  
High St**

go 0.3 mi  
total 5.5 mi

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6. Turn **left**  
at **W  
Marshall  
Ave**  
About 2  
mins

go 0.7 mi  
total 6.1 mi

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7. Turn **right** at **N 6th St**  
Destination will be on the  
right  
About 1 min

go 0.2 mi  
total 6.3 mi

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800.999.9861
713.861.5959
info@precheck.com
www.PreCheck.com

PRE-EMPLOYMENT DISCLOSURE & AUTHORIZATION

APPLICANT'S FULL NAME \_\_\_\_\_

Any Other Names Used \_\_\_\_\_

Social Security No. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Birth<sup>1</sup> \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License State \_\_\_\_\_ No. \_\_\_\_\_

Address: \_\_\_\_\_

Name of High School, College, University or Institution of Professional Training where you completed the highest level ( GED - provide state) \_\_\_\_\_

Campus Name \_\_\_\_\_ Campus City \_\_\_\_\_ Campus State \_\_\_\_\_

Name on GED or under which you graduated \_\_\_\_\_

Dates of Attendance and/or Graduation \_\_\_\_\_
Year(s) Attended Year Graduated/GED Completed

My present employer may be contacted for a job reference. Yes No

Have you ever been convicted of a crime? Yes No

Offense \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ When \_\_\_\_\_

Please provide all locations where you have resided for the past seven (7) years, starting with your current residency.

Table with 5 columns: City, State, Dates, From:, To: and 4 rows of residential history.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The Prospective Organization ("the Company") may obtain information about you from a consumer reporting agency made in connection with your application for employment, contract for services, privileges, volunteering or access to an organization. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888)PreCheck [1-888-773-2432] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment, contract, privileges or appointment to the extent permitted by law.

<sup>1</sup> The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout the term of my employment, contract for services, privileges volunteering or access to an organization, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

STATE LAW NOTICES

**Minnesota or Oklahoma** applicants or employees only: Please mark an X in the designated field if you would like to receive a free copy of a consumer report if one is obtained by the Company. The report will be mailed to the current address you indicated on this form. \_\_\_\_\_

**California** applicants or employees only: Please mark the following field if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. The report will be mailed to the current address indicated above. \_\_\_\_\_

**California** applicants or employees only: By marking an X in the designated field, you will receive and are acknowledging receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. \_\_\_\_\_

**New York** applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Client by directly contacting PreCheck Inc. Additionally, please mark this field to receive and acknowledge receipt of a copy of Article 23-A of New York Correction Law. \_\_\_\_\_

**Maine** applicants or employees only: Under Chapter 210 Section 1314 of Maine Revised Statutes, you have the right, upon request, to be informed within 5 business days of such request of whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

**Massachusetts** applicants or employees only: If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a Copy.

**Washington State** applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

I have read and understand the above information and assert that all information provided by me is true and accurate.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_