



Name: _____
 First Last

11878 Avenue of Industry
 San Diego, CA 92128
 Telephone: (858) 675-4200
 Fax: (858) 675-9241

APPLICATION FOR EMPLOYMENT
Please TYPE or print using BLACK or BLUE ink

Date Application Completed: ____/____/____

(Circle One)

Position Applied For: _____ Shift: _____ FT PT P/D Salary Desired: \$ _____ hr/yr
 Position Applied For: _____ Shift: _____ FT PT P/D Salary Desired: \$ _____ hr/yr
 Position Applied For: _____ Shift: _____ FT PT P/D Salary Desired: \$ _____ hr/yr

Date Available to Begin Work: ____/____/____

Have you ever worked for Aurora Behavioral Health Care? Yes No

If Yes, please identify when/where you worked: From: ____/____/____ To: ____/____/____ Where: _____

Have you previously applied at any Aurora Behavioral Health Care facility? Yes No If Yes, when: _____

Under what name(s)? _____ At which facility? _____

List relatives, friends or roommates currently employed at this Hospital: _____

PERSONAL INFORMATION

Last Name, First Name, Middle Name	Home Telephone #:
	Message / Cell Telephone #:
Current Street Address:	City State Zip
Are you related to, living with or in an intimate relationship with an employee currently working at this facility? If so, (name): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the Essential Functions of the position(s) you are applying for, either with or without reasonable accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have the legal right to work and be employed in the United States? (Proof of identity and legal authority to work in the U.S. is a condition of employment)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 18 years of age? (Proof of age and work permits may be required prior to hiring)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a reliable means of transportation to and from work?	<input type="checkbox"/> Yes <input type="checkbox"/> No

REFERRAL SOURCE

Advertisement	Name of Publication
Current Employee	Name of Employee
Other	Source (Job Fair, Walk-in, etc.)

Aurora Behavioral Health Care – San Diego is an equal opportunity employer. The Company does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by applicable state or federal civil rights laws.

GENERAL INFORMATION

Have you ever been convicted of a crime other than a traffic violation?

Note: please exclude misdemeanor convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged, or legally eradicated; and, misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed.

Yes No

A conviction is not an automatic bar to employment; each situation is evaluated on its own merit.

If Yes, please explain and state the charge, the court where conviction was announced, the date of the conviction, and the disposition of the case as of this date:

Answer this question if you are applying for a position(s) with regular access to drugs/medications.

Have you ever been arrested on charges of possession, sale, transport, cultivation or selling narcotics?

Yes No

If Yes, please describe the circumstances and the status or disposition of the case as of this date:

Answer this question if you are applying for a position(s) with regular access to patients.

Have you ever been arrested for a sex offense for which registration as a sex offender may be required under Section 290 of the Penal Code?

Yes No

If Yes, please describe the circumstances and the status or disposition of the case as of this date:

EDUCATION

	Name of School City, State	Graduated (circle one)	# of Years Attended	Coursework Major	G.P.A.
High School		Yes No			
Community College		Yes No			
Trade/ Vocational School		Yes No			
College or University		Yes No			
Other		Yes No			

EMPLOYMENT / MILITARY SERVICE / VOLUNTEER AND WORK EXPERIENCE

Please identify all positions held in the past ten (10) years and all experience related to the position(s) you are applying for. Include periods of unemployment, self-employment, volunteer activities, school and/or military service.

May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	May we contact your previous employers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Name of Business: <small>List current or most recent experience first</small>	Type of Business:
Complete Address of Business:	Supervisor's Name: Supervisor's Title:
Dates of Service: From: ___/___/___ To: ___/___/___	Supervisor's Telephone Number:
Base Salary: Starting Pay: \$ _____ per hour / year Final Pay: \$ _____ per hour / year	Were you eligible for any type of additional pay? <input type="checkbox"/> Yes (please identify type/amount) <input type="checkbox"/> No
Position Title / Role:	
Duties and Responsibilities:	
What did you like most about this role?	What did you like least about this role?
Reason for leaving: (resigned, terminated, laid off, relocated, etc.)	

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Complete Address of Business:	Supervisor's Name: Supervisor's Title:
Dates of Service: From: ___/___/___ To: ___/___/___	Supervisor's Telephone Number:
Base Salary: Starting Pay: \$ _____ per hour / year Final Pay: \$ _____ per hour / year	Were you eligible for any type of additional pay? <input type="checkbox"/> Yes (please identify type/amount) <input type="checkbox"/> No
Position Title / Role:	
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Base Salary: Starting Pay: \$ _____ per hour / year Final Pay: \$ _____ per hour / year	Were you eligible for any type of additional pay? <input type="checkbox"/> Yes (please identify type/amount) <input type="checkbox"/> No
Position Title / Role:	
Duties and Responsibilities:	
What did you like most about this role?	What did you like least about this role?
Reason for leaving: (resigned, terminated, laid off, relocated, etc.)	

Please identify all positions held in the past ten (10) years and all experience related to the position(s) you are applying for. Include periods of unemployment, self-employment, volunteer activities, school and/or military service.

Attach additional sheet(s) if necessary.

Aurora Behavioral Health Care – San Diego is an equal opportunity employer. The Company does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by applicable state or federal civil rights laws.

PROFESSIONAL LICENSE / CERTIFICATION / REGISTRATION

Type of Professional License, Certification or Registration	Name on Professional License, Certification or Registration	State Issued	Number	Expiration Date
				/ /
				/ /
				/ /
				/ /
				/ /

CONDITIONAL OFFER OF EMPLOYMENT

Compliance with the hospital's Drug-Free Workplace policy is a condition of employment and requires every employee to be free from alcohol and drug abuse. Each offer of employment is contingent upon successfully completing a urinalysis test for alcohol and drugs in accordance with hospital policy. This hospital will not hire any applicant who fails to pass the pre-employment alcohol and drug test. Continued employment is also contingent upon compliance with the hospital's Drug-Free Workplace policy.

I have read, understand and agree to abide by these conditions of employment:

Signature

Date

I hereby certify that the information contained in this *Application for Employment* is true and correct to the best of my knowledge and agree to have any of the statements checked by the Company unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals with whom the Company contacts, to provide the Company any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Company as well as from any use or disclosure of such information by the Company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this Application for Employment may result in my failure to receive an offer or, if I have already been hired, my immediate dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Company. *I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. I understand that no employee or representative of the company, other than it's President, has the authority to enter into any agreement for employment for any specific period of time, or to make any express or implied agreement contrary to the foregoing. Further the President of the Company may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specific period of time unless the President and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of employment relationship and that there are no oral, written, or collateral agreements regarding this issue.*

I also understand that all offers of employment are condition on the Company's receipt of satisfactory responses to the reference requests, verification of previous employment, the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States and other items conducted during a background check. Offers of employment are also condition on the satisfactory completion of a post-offer medical examination.

Signature of Applicant: _____

Date: _____



Today's Date: _____

EEO APPLICANT FLOW DATA SHEET

Dear Applicant:

Federal and state regulations require employers to obtain information from each job applicant concerning the applicant's race, sex, national origin, and the job for which the applicant is applying. This form is used to provide each applicant with an opportunity to furnish such information voluntarily. Accordingly, if you decide not to provide the information, your decision will not be held against you. All information that is provided will be used for record-keeping purposes only and will be kept separate from employee's personnel file. Furthermore, such information will not be used for any discriminatory purpose. Your voluntary cooperation in completing this document is appreciated.

If you wish to provide any or all of the information requested below, please do the following:

- ✓ Record today's date above
- ✓ Do **NOT** place your name on this sheet of paper
- ✓ Check the applicable boxes below and record the requested information

Race

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Filipino
- Black
- Hispanic
- White
- Other (please specify): _____

Sex

- Female
- Male

National Origin: _____

Position(s) Applied for: _____

Thank you for your interest in Aurora Behavioral Health Care – San Diego



PLEASE READ CAREFULLY

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

_____ (the "Company") may obtain a consumer report and/or investigative consumer report on you for employment purposes. **Pre-employ.com, Inc.**, or another consumer reporting agency, will obtain the report for the Company. **Pre-employ.com, Inc. is located at 3655 Meadow View Drive, Redding, California 96002 and can be reached at 800-300-1821.**

The report will contain any written, oral, or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit, capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the consumer's eligibility for (A) employment purposes; or

(B) any other purpose authorized under section 604 of the Fair Credit Reporting Act. The types of information that may be obtained include, but are not limited to: credit reports, social security number verification, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, personal and professional references checks, licensing and certification checks, etc. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances. I understand that while the information contained in the report or reports provided has been obtained by various third parties from public record data sources deemed reliable, their accuracy cannot be guaranteed due to potential human error in the actual recording or retrieval of the record.

The nature and scope of this disclosure and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and/or investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

You are nonetheless entitled to request more information about the nature and scope of such reports by submitting a written request to: **Pre-employ.com, Inc., Compliance Department, P.O. Box 491570, Redding, California 96049** or faxed to **888-999-3839**. The Company is furnishing you with a SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT in a form prescribed by the Federal Trade Commission.

ADDITIONAL STATE LAW NOTICES

If you live or are applying for a job in the state of California, Maine or New York, please review these additional notices.

CALIFORNIA: Under California Civil Code section 1786.22, you are entitled to find out from an ICRA (**Pre-employ.com**) what is in the file on you with proper identification, as follows:

- 1 In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. **Pre-employ.com** may not charge you more than the actual copying costs for providing you with a copy of your file.
- 2 A summary of all information contained in **Pre-employ.com's** file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- 3 By requesting a copy be sent to a specified addressee by certified mail. By complying with requests for certified mailings **Pre-employ.com** shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave its office.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may **Pre-employ.com** require additional information concerning your employment and personal or family history in order to verify your identity.

Pre-employ.com will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. **Pre-employ.com** may require you to furnish a written statement granting permission to it to discuss your file in such person's presence.

MAINE Residence/Applicants/Employees: You have the right upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such consumer reporting agencies copies of any such investigative consumer reports.

NEW YORK Residence/Applicants/Employees: You have the right, upon written request, to be informed of whether or not an investigative consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

CALIFORNIA APPLICANTS ONLY: Applicant may omit any convictions for the possession of marijuana (except for convictions for the possession of marijuana on school grounds or possession of concentrated cannabis) that are more than two (2) years old, and any information concerning a referral to, and participation in, any pretrial or post trial diversion program.

AUTHORIZATION FOR BACKGROUND INVESTIGATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understood both of those documents. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by Pre-employ.com, Inc., to the Company. I understand that if the Company hires me, my consent will apply throughout my employment unless I revoke or cancel it by sending a signed letter to **Pre-employ.com, Inc, Compliance Department, P.O. Box 491570, Redding, California 96049 or faxed to 888-999-3839.**

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed by me before, during or after my employment, if any, may be utilized for the purpose of obtaining consumer reports or investigative consumer reports. By my signature below, I also authorize the disclosure of information concerning my employment history, earnings history, education, credit history, credit capacity and credit standing, motor vehicle history and standing, criminal history, and all other information deemed pertinent by the consumer reporting agency to the agency by the following: past or present employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; credit bureaus; and, motor vehicle records agencies.

- For residents of, or for jobs located in California, Minnesota and Oklahoma only:** Please check this box if you would like to receive a copy of your consumer report.

- For residents of and jobs located in New York only:** I certify that I have been provided access to the Article 23-A of the New York Corrections Law. This law is located at the following web address:
www.labor.state.ny.us/agencyinfo/PDFs/CorrectionLaw%20Article%2023-A%20_4_.pdf

You may obtain information or copies from the Company's investigative report file at any time prior to your receipt of such copies, to the extent available, by contacting **Pre-employ.com, Inc., Compliance Department, P.O. Box 491570, Redding, California 96049 or by a toll free fax number 888-999-3839.** I agree that a facsimile ("fax") or photographic copy of this Authorization shall be valid as the original.

Occasionally, Pre-employ.com and/ or its partners send information on identity theft protection, background check information and other related products or services.

I DO ____ or I DO NOT ____ wish to receive this information via email or mail.

Signature: _____

Date: _____

The following information is for identification purposes only. Please print clearly in Black Ink!

Name: Last	First	Middle
List all other names used in the last 7 years:		
Date of Birth:	Social Security Number:	
Drivers License Number:	State issued:	
Current Address:		
City:	State:	Zip:
Address History - Please list the city, state, and zip you have lived or worked in for the past 7 years with approximate dates:		
Dates:	City:	State: Zip:
Dates:	City:	State: Zip:
Dates:	City:	State: Zip:
Daytime phone number: ()	Email Address:	
***** APPLICANT – DO NOT WRITE BELOW THIS LINE *****		
Company ID:	Company Name:	PO#
Please indicate the services you would like to request for this applicant.		
Fax this sheet to 888-999-3839 or enter the information at https://www.pre-employ.com		
Basic Services Requested:		
Additional Services Requested: Please check box		
<input type="checkbox"/> Social Security Trace <input type="checkbox"/> Criminal History Check <input type="checkbox"/> Drivers License Check <input type="checkbox"/> Employment Verification <input type="checkbox"/> Degree / Education Verification <input type="checkbox"/> Reference Check <input type="checkbox"/> OIG/GSA Check <input type="checkbox"/> National Wants and Warrants <input type="checkbox"/> Credit Report	<input type="checkbox"/> Anti Terrorist Watch List <input type="checkbox"/> NCFS <input type="checkbox"/> Civil History <input type="checkbox"/> Federal Criminal History <input type="checkbox"/> Federal Civil History <input type="checkbox"/> Sex Offender <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Drug Test	

**INFORMATION AND AUTHORIZATION FORM FOR REFERENCE, EDUCATION OR
LICENSE VERIFICATION INFORMATION ONLY**

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR; COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING; ADMINISTRATOR; LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY; CREDIT BUREAU; COLLECTION AGENCY; PRIVATE BUSINESS; MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER; PERSONAL REFERENCE; AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION) OR ANY OTHER INFORMATION REQUESTED BY PREEMPLOY.COM, INC. A PHOTOGRAPHIC OR FAXED COPY OF THIS INFORMATION & RELEASE FORM SHALL BE AS VALID AS THE ORIGINAL.

I HEREBY AUTHORIZE YOU TO PROVIDE INFORMATION TO PRE-EMPLOY.COM INC Phone (800) 300-1821 Fax (888) 999-3839

THE FOLLOWING MUST BE FILLED OUT COMPLETELYPLEASE USE A PEN WITH BLACK INK

(Please Print Clearly)

Name: Last	First	Middle
Home address		
City	State	Zip

Please provide the following information for each company listed on employment application (Use Additional Paper if Necessary):

Company	Dates of Employment	From	To	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address				
City	State		Zip	
Position	Supervisor		Telephone (include Area Code)	
Company	Dates of Employment	From	To	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address				
City	State		Zip	
Position	Supervisor		Telephone (include Area Code)	
Company	Dates of Employment	From	To	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address				
City	State		Zip	
Position	Supervisor		Telephone (include Area Code)	

Please provide the school, university or college name (highest level of education received):

Institution		Institution	
Location	Attendance Dates:	Location	Attendance Dates
Degree	Major/Minor	Degree	Major/Minor
Name used while attending:		Name used while attending:	

Personal References (Individuals with whom you have worked): Professional License Information:

Name:	Phone:	License Type	State Issued
Name:	Phone:	License Number:	
Name:	Phone:	Issue Date:	Expiration Date:

SIGNATURE: X _____ DATE _____