



# VOLUNTEER BEHAVIORAL HEALTH CARE SYSTEM APPLICATION FOR EMPLOYMENT

Volunteer Behavioral Health is an equal opportunity employer and does not discriminate on the basis of race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability or veteran status.

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

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail Address \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

**Referral Source** (Please check the appropriate category and name the source.)

- Walk-in \_\_\_\_\_
- Employee \_\_\_\_\_
- Advertisement \_\_\_\_\_
- Company's Website \_\_\_\_\_
- School \_\_\_\_\_
- Job Fair \_\_\_\_\_
- Staffing Agency \_\_\_\_\_
- Other \_\_\_\_\_

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

May we contact you at work?  Yes  No  
If yes, work number and best time to call:  
( ) \_\_\_\_\_: \_\_\_\_\_ am / pm

Are you at least 18 years of age?  Yes  No

Have you submitted an application here before?  Yes  No  
If yes, give date(s) and Positions(s)  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been employed here before?  Yes  No  
If yes, give date(s)  
From \_\_\_\_\_ To \_\_\_\_\_

Are you legally eligible for employment in the U.S.  Yes  No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired salary range or hourly rate of pay?  
\_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired:  
 Full-Time  Part-Time  Temporary

Have you or are you currently working for the TN Department of Mental Health & Substance Abuse?  Yes  No

Have you or are you currently working in any TN State Government position?  Yes  No

Will you work overtime if required?  Yes  No  
If no, please explain \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

*This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.*

Yes  No  Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying:  
\_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded?  Yes  No

*Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.*

Have you ever pled "guilty or "no contest" to, or been convicted of a crime?  Yes  No

If yes, please provide date(s) and details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EQUAL OPPORTUNITY EMPLOYER**

**Employment History**

Starting with your most recent employer, provide the following information. Incomplete information will delay application process.

Employer	Phone #	Dates Employed	Month / Year	to	Month / Year
Street Address	City	State / Zip	Compensation (Starting)		
			O Hourly	O Salary	\$ _____ per
Starting job title / final job title			Commission / Bonus / Other Compensation		
			Compensation (Final)		
Immediate supervisor and title (most recent position held)	May we contact for reference? O Yes O No O Later		O Hourly	O Salary	\$ _____ per
			Commission / Bonus / Other Compensation		
Why did you leave?					
Summarize the type of work performed and job responsibilities.					
What did you like the most about your position?					
What were the things you liked the least about the position?					
Employer	Phone #	Dates Employed	Month / Year	to	Month / Year
Street Address	City	State / Zip	Compensation (Starting)		
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Why did you leave?					
Summarize the type of work performed and job responsibilities.					
What did you like the most about your position?					
What were the things you liked the least about the position?					

	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Later	Commission / Bonus / Other Compensation
Why did you leave?		
Summarize the type of work performed and job responsibilities.		
What did you like the most about your position?		
What were the things you liked the least about the position?		

### Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. Please include dates. \_\_\_\_\_

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If not addressed on previous page, have you ever been fired or asked to resign from a job?  Yes  No If **yes**, please explain \_\_\_\_\_

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### Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

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Computer Skills (Check appropriate boxes. Include software titles and years of experience).

Word Processing \_\_\_\_\_ Years: \_\_\_\_\_     
  Spreadsheet \_\_\_\_\_ Years: \_\_\_\_\_  
 Presentation \_\_\_\_\_ Years: \_\_\_\_\_     
  E-mail \_\_\_\_\_ Years: \_\_\_\_\_

### Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Diploma / Degree	Major / Minor

### References

List personal references (not related) that have known you at least 5 years.

Relationship	Number of

Name	to You	Telephone #	E-mail Address	Years Known

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications awards, etc.

Exclude information that would reveal race, color religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

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Is there any other job-related information you want us to know about you? \_\_\_\_\_

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and education institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me. In connection with my suitability for employment with VBHCS, I authorize VBHCS to request investigative reports on me for employment purposes. I authorize any person, business entity, governmental agency, any and all courts, public agencies, law enforcement agencies and credit bureaus that may have information relevant to investigative reports to disclose information.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 6 months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is

discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# HireRight

## DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with **VOLUNTEER BEHAVIORAL HEALTH CARE SYSTEM** ("Company"), I authorize Company to request a consumer and/or investigative consumer report on me for employment purposes from **HireRight LLC**. Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics discerned through employment and education verifications; personal references and interviews; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Company and HireRight, including, but not limited to, any and all courts, public agencies, and law enforcement agencies. I authorize Company to share such information only with parties of interest who have a "need to know" such information to protect them and their employees. HireRight does not sell or otherwise provide any of the information found in its background investigations to any party other than the Company.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report of which I am the subject upon my written request to HireRight. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et.seq. I agree that this authorization shall remain valid for the duration of my employment with Company.

Further, I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

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

### IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

**Print Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**Other Names Used:** \_\_\_\_\_ **Years Used:** \_\_\_\_\_  
(alias, maiden, nickname)

**Current Address:** \_\_\_\_\_  
Street /P. O. Box    City                          State                          Zip Code                          County                          Dates

**Former Address:** \_\_\_\_\_  
Street /P. O. Box    City                          State                          Zip Code                          County                          Dates

**Former Address:** \_\_\_\_\_  
Street /P. O. Box    City                          State                          Zip Code                          County                          Dates

**Social Security Number:** \_\_\_\_\_ **Daytime Phone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Driver's License Number:** \_\_\_\_\_ **State of Issuance:** \_\_\_\_\_

**\*Date of Birth:** \_\_\_\_\_ **\*Gender** \_\_\_\_\_ **Ethnicity** \_\_\_\_\_ **Marital Status** \_\_\_\_\_

\*Providing year of birth and gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.

(GO BACK 7 YEARS ON ADDRESSES – NEED COUNTIES & STATES)

**Volunteer Behavioral Health Care System  
PO Box 4755 – 413 Spring Street  
Chattanooga, TN 37405  
(423) 756-2740**

**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_ authorize  
**Name of Employee**  
\_\_\_\_\_ to  
**Name of School**

release verification of my highest degree to Volunteer Behavioral Health Care System for purposes of the company's credentialing and hiring process.

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name on Degree (Please Print)

\_\_\_\_\_  
Date Conferred (MM/YY)

\_\_\_\_\_  
Field of Study

\_\_\_\_\_  
Degree Type

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Information Verified**

Degree Type \_\_\_\_\_

Field of Study \_\_\_\_\_

Date Conferred \_\_\_\_\_

University / College Representative \_\_\_\_\_

Date of Verification \_\_\_\_\_

Please fax form to:  
Volunteer Behavioral Health Care System  
Human Resources Department  
(423) 756-4854