

*St Remi Behavioral Health*

822 Klemm Avenue  
 Gloucester City NJ 08030  
 Tel: 856-282-5566  
 Fax: 856-396-9917

APPLICATION INFORMATION										
Last Name		First		M.I.		D.O.B				
Street Address						Apartment/Unit #8				
City				State			ZIP			
Phone				Email Address						
Date Available				Social Security No.			Desired Salary			
Position Applied For										
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S?				YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when?							
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain?							

EDUCATION									
High School				Address					
From		To		Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree			
College				Address					
From		To		Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree			
Other				Address					
From		To		Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree			

REFERENCES									
<i>Please list three professional references.</i>									
Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									

PREVIOUS EMPLOYMENT						
Company				Phone		
Address				Supervisor		
Job Title			Starting Salary			Ending Salary
Responsibilities:						
From		To		Reason for Leaving:		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company				Phone		
Address				Supervisor		
Job Title			Starting Salary			Ending Salary
Responsibilities:						
From		To		Reason for Leaving:		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company				Phone		
Address				Supervisor		
Job Title			Starting Salary			Ending Salary
Responsibilities:						
From		To		Reason for Leaving:		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/> NO <input type="checkbox"/>		

MILITARY SERVICE					
Branch				From	To
Rank at Discharge			Type of Discharge		
If other than honorable, explain:					

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

**Employee Authorization to Release Records**

I understand and agree that: The information supplied, was submitted by myself, and all information is true and correct, to the best of my knowledge. I understand that false or misleading information given in my application and/or interview(s) will be considered as cause for possible dismissal and/or discharge. I also understand that I am to abide by all rules and regulations of the company. The company has my authorization to thoroughly investigate my work and personal history. I understand that the information supplied by me, regarding my: Employment History, Education (including an authorization to release transcripts), Credit History, Criminal History, Medical and Professional Licensing, Motor Vehicle Record(s), Residence History, and References, will be utilized as part of the processing procedures. A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living. I will hold no person liable for giving or receiving information in this investigation. I hereby authorize SentryLink LLC an agent of **St Remi Behavioral Health** to make a thorough check of my past Employment, Education, and activities.

I release from liability all persons, companies, and corporations supplying that information.

I release and indemnify **St Remi Behavioral Health** and **CCS** against any liability that might result from making such background checks. A copy of this form is as valid as the original.

The following information is used for identification and statistical purposes. It is not used in any manner considered discriminatory under EEOC guidelines.

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

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