

Nova Behavioral Health, Inc.  
APPLICATION FOR EMPLOYMENT  
An Equal Opportunity Employer

Each question should be full and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking: Full-time  Part-time  Temporary  employment? When could you start work? \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Present Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you 18 years of age or older? Yes  No  (if you are hired you may be required to submit proof of age.)

Last 4 of SS#: \_\_\_\_\_ If hired can you furnish proof you are eligible to work in the U.S.? Yes  No

Email address: (optional) \_\_\_\_\_ Do we have your permission to communicate with you using the email provided? Yes  No

Have you ever applied here before? . . . . .Yes  No  If yes, when? \_\_\_\_\_

Were you ever employed here? . . . . .Yes  No  If yes, when? \_\_\_\_\_

Do you have family members employed by Nova? Yes  No  If yes, who? \_\_\_\_\_

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes  No

If yes give details \_\_\_\_\_

(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date and the job for which you are applying will also be considered.)

Are you now or do you expect to be engaged in any other business or employment?

Yes  No  If yes, please explain \_\_\_\_\_

For Driving Agency Vehicles: Do you have a valid driver's license? Yes  No

Driver's License Number \_\_\_\_\_ Issuing State: \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.) \_\_\_\_\_

LIST NAME AND ADDRESSES OF SCHOOLS

High School or GED: \_\_\_\_\_

College or University: \_\_\_\_\_

Vocational or Technical: \_\_\_\_\_

Number of Years Completed: \_\_\_\_\_ Diploma/Degree/Certificate: \_\_\_\_\_

Subjects Studied: \_\_\_\_\_

What skills or additional training do you have that are related to the position for which you are applying?  
\_\_\_\_\_

What machines or equipment can you operate that are related to the position for which you are applying?  
\_\_\_\_\_

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Include month and year.

NAME OF EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

JOB TITLE AND DUTIES \_\_\_\_\_  
DATE OF EMPLOYMENT  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
PAY: START \_\_\_\_\_ FINAL: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

JOB TITLE AND DUTIES \_\_\_\_\_  
DATE OF EMPLOYMENT  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
PAY: START \_\_\_\_\_ FINAL: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

JOB TITLE AND DUTIES \_\_\_\_\_  
DATE OF EMPLOYMENT  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
PAY: START \_\_\_\_\_ FINAL: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

Are you presently employed? Yes  No  If yes, may we contact your present employer? Yes  No   
Have you ever been fired from a job or asked to resign? Yes  No  If yes, please explain: \_\_\_\_\_

List three references, not relatives or former employers.

| Name  | Address | Phone |
|-------|---------|-------|
| _____ | _____   | _____ |
| _____ | _____   | _____ |
| _____ | _____   | _____ |

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.  
I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, investigative consumer reports, driving record, and criminal history. I authorize any person, school, current and former employer, consumer reporting agency, and any other organization or agency to provide information relevant to such investigation and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the nature and scope of any investigation. If further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.  
I understand that compliance with the Company's Corporate Code of Conduct is a condition of my employment.  
I understand I may be required to successfully pass a drug-screening examination. I hereby consent to a pre and/or post-employment drug screen as a condition of my employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_