



Application for Employment

Position to which you are applying: _____

Please complete all sections (front and back) of this application. Resumes will not substitute for a complete application. Keystone Behavioral Pediatrics and its affiliates are an equal opportunity employer. All applicants are considered for positions without regard to veteran status, uniformed service member status, race, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state or local laws.

Name _____ Date _____

Telephone Number (_____) _____ Alternative Telephone Number (_____) _____

Email Address _____

Present Address _____
Street Apr./Unit # City State Zip

How long have you lived at your current address? _____ / _____

Desired Salary / Hourly Rate _____

If under the age of 18, can you produce the essential work certificate at the time of employment? Yes No

Type of employment desired? Full-time Part-time (Specify Hours per Week) _____

Date on which you can start work if hired _____

Do you have a valid Driver's License? Yes No

Employees who drive on behalf of Keystone Behavioral Pediatrics and its affiliates are required to maintain a valid driver's license with less than 6 points and automobile insurance coverage limits of **\$25,000 per person Bodily Injury, \$50,000 per accident for Bodily Injury, and \$20,000 per accident for Property Damage.**

Do you meet the minimum requirement of insurability? Yes No

Can you obtain and provide proof of required automobile insurance coverage upon hire? Yes No

Have you ever been arrested for, plead guilty or no contest to, or been convicted of any criminal offenses including DUI or DWI? (Do not include convictions that were sealed, eradicated, erased, annulled by a court, or expunged or convictions that resulted in referral to a diversion program). Yes No

Have you been arrested for any matters for which you currently are out on bail or on your own recognizance, pending trial including DUI and DWI? Yes No



CRIMINAL OFFENSES ONLY: If you answered “Yes” to either of the above, two questions please provide the date(s) and explain so that individual circumstances can be considered. Criminal convictions or arrests will not automatically disqualify an applicant from a particular job.

Have you ever initiated an act of violence in the workplace? Yes NO

If yes, please provide the date(s) and explain so that individual circumstances can be considered.
(An answer of “Yes” does not necessarily disqualify an applicant from employment.)

List all special technical skills you feel qualify you for the position for which you are applying:

Educational Experience:

Education	School Name	Area of Study	Graduation Date	# of Years Completed	Degree/Major/ Concentration Area
High School					
Bus./Tech./Trade					
College					
College					
College					

Honors Received _____

Certifications _____

If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.



WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or last employer listed first. Account for all periods of time including any period of unemployment.

A. Most Recent Employer _____ Type of Business _____
Address _____ Phone Number (____) _____
Job Title _____ Date Employed: From ___/___/___ To ___/___/___
Supervisor _____ May we contact? Yes No
Salary: Start _____ Final _____ If no, why not: _____
Reason for leaving _____

B. Employer #2 _____ Type of Business _____
Address _____ Phone Number (____) _____
Job Title _____ Date Employed: From ___/___/___ To ___/___/___
Supervisor _____ May we contact? Yes No
Salary: Start _____ Final _____ If no, why not: _____
Reason for leaving _____

C. Employer #3 _____ Type of Business _____
Address _____ Phone Number (____) _____
Job Title _____ Date Employed: From ___/___/___ To ___/___/___
Supervisor _____ May we contact? Yes No
Salary: Start _____ Final _____ If no, why not: _____
Reason for leaving _____

D. Employer #4 _____ Type of Business _____
Address _____ Phone Number (____) _____
Job Title _____ Date Employed: From ___/___/___ To ___/___/___
Supervisor _____ May we contact? Yes No
Salary: Start _____ Final _____ If no, why not: _____
Reason for leaving _____

Can you perform the major job functions as listed in the job description with or without reasonable accommodations?
Yes No

Accommodations needed? Yes No If yes, please describe: _____

I understand that Keystone Behavioral Pediatrics and its affiliates may now have, or may establish, a drug-free workplace to include a drug and alcohol testing program consistent with applicable federal, state, and local laws. I understand that if a pre-employment (post-offer) or a random drug and alcohol test is positive, the employment offer may be withdrawn or employment may be terminated. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local laws. I understand and consent to pre-employment and



random drug tests as a condition of employment and further agree to undergo alcohol and drug testing consistent with the Keystone Behavioral Pediatrics and its affiliates policies and procedures.

I understand and agree that Keystone Behavioral Pediatrics and its affiliates, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local laws, I may be required to sign confidentiality, restrictive covenant, non-compete agreements and/or conflict of interest statements.

I certify that all the information on this application and any supporting documents presented with this application is accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate termination.

Keystone Behavioral Pediatrics and its affiliates is an at-will employer as allowed by applicable state law. This means that regardless of any provision in this application, if hired, the company or I may terminate the employment relationship at any time, for any reason, with or without cause or notice. This application or any document or statement, written or oral, shall limit the right to terminate employment at-will. No officer, employee or representative of the company is authorized to enter into an agreement express or implied, with me or any applicant for employment for a specified period of time unless such agreement is in written contract signed by the CEO of the company.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF KEYSTONE BEHAVIORAL PEDIATRICS AND ITS AFFILIATES . I FURTHER UNDERSTAND THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, WITH THE EXCEPTION OF ITS EMPLOYMENT AT-WILL POLICY.

I authorize Keystone Behavioral Pediatrics and its affiliates to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking and to the extent permitted by federal, state, and local laws. I agree to comply with any and all required pre and post employment screenings to include background check, drug screen, and driving history investigation.

I authorize and consent to, without reservation, any party or agency contracted by this employer to furnish the above mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to Keystone Behavioral Pediatrics and its affiliates to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability Keystone Behavioral Pediatrics and its affiliates for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by Keystone Behavioral Pediatrics and its affiliates, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States. I also understand Keystone Behavioral Pediatrics and its affiliates employs only individuals who are legally eligible to work in the United States.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Applicant Signature

Date