



**800 East Main Street
Bradford, Pennsylvania 16701
814/362-5250**

APPLICATION FOR EMPLOYMENT

Beacon Light Behavioral Health Systems is an Equal Opportunity Employer and prohibits discrimination on the basis of race, color, religious creed, disability, ancestry, national origin, age or sex.

APPLICATION TO:

- Children's Home of Bradford (administrative/maintenance/support)**
- Children's Center for Treatment & Education (CCTE)** Please circle: **Bradford** **Warren** **Elk County** **Port Allegany** **Towanda**
- Ramsbottom Center**
- All for which I qualify**

DATE: ____/____/____

PERSONAL	Last Name	First	Middle	Telephone Number ()
	Street Address	City	State, Zip	Best Time to Contact
	School Address (if applicable)	City	State, Zip	School Telephone ()

Are you at least 21 years of age? YES NO	If hired, can you present evidence of U.S. citizenship or your legal right to work in this country? YES NO
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Per regulation, applicants must be at least 21 years of age to be employed as a direct care worker with Children's Center for Treatment and Education.

Position Desired <input type="checkbox"/> Direct Care <input type="checkbox"/> Therapist <input type="checkbox"/> Teacher <input type="checkbox"/> Office <input type="checkbox"/> Maintenance <input type="checkbox"/> Housekeeping <input type="checkbox"/> Other: _____	How did you learn of the opening? (if applicable) <input type="checkbox"/> Ad <input type="checkbox"/> CareerLink <input type="checkbox"/> Employee <input type="checkbox"/> Other: _____	Referred by:
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Have you ever been employed by this agency? YES NO	Month/Year	Position
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If hired, you will be required to submit for Child Abuse Clearance, as well as a Criminal History Record Check. Certain felony crimes preclude individuals from being hired into a position with our agency. Have you ever been convicted of a felony crime? YES NO If YES, describe in full _____

EDUCATION	School Attended	Years Completed	School Name	City/State	Degree/Major	Did you Graduate?
	High School (specify if GED)					
	College					
	Graduate					
	Other					

Military Experience (please list branch of service, highest rank attained, length of service, specialty and/or training received) _____

EXPERIENCE	May we contact?	EMPLOYER (beginning with the most recent)	DATES (Mo/Yr)	TITLE	IMMEDIATE SUPERVISOR	SALARY	REASON FOR LEAVING
	If no, why?	Name Address Phone	from to			beg. end	
	If no, why?	Name Address Phone	from to			beg. end	
	If no, why?	Name Address Phone	from to			beg. end	
	If no, why?	Name Address Phone	from to			beg. end	

I am seeking (check only one):

- Regular Employment
 Summer Employment
 Temporary Employment

Indicate date(s) available:

I am available for (check only one):

- Part-Time
 Full-Time

If Part-Time, indicate maximum hours per week: _____

Shift preferred:

- days
 afternoons
 nights
 any

Additional comments:

REFERENCES	List four persons, not related to you, who have known you for at least one year:		
	NAME & ADDRESS	TELEPHONE	YEARS KNOWN
		AREA CODE () -	
		AREA CODE () -	
		AREA CODE () -	

By submitting this application, I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period will need to submit a new application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any writing by an authorized executive of this organization.

I authorize Beacon Light Behavioral Health Systems to obtain information about me from my previous employers(s), and school(s) attended. I also authorize my previous employer(s) and school(s) attended to disclose to Beacon Light Behavioral Health Systems such information as may be requested about me, including but not limited to, copies of evaluations and transcripts, and any information regarding disciplinary actions and notations regarding performance issues. I further authorize Beacon Light Behavioral Health Systems to conduct background checks including drug screening and criminal background checks as may be necessary.

I release my former schools and employers from any liability associated with furnishing Beacon Light Behavioral Health Systems information as specified above.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by rules and regulations of the employer.

_____ Date

_____ Applicant's Signature

This section to be completed only by those applicants applying for child care/counselor positions.

(please complete both front and back)

BACKGROUND: (How do you feel about the way you were raised? Would you raise your children similarly?)

GOALS: (What are your professional goals and how do you see this position meeting these goals?)

***SKILLS: (Do you have any particular skills which could be incorporated into work with adolescents
- arts/crafts, sports, outdoor skills, group leadership, driving, etc.?)***

***EXPERIENCE: (Particular notice should be given to your paid or volunteer work in a people-helping
capacity. Please outline your responsibilities.)***

Date

Applicant's Signature