



The Barry Robinson Center

A Behavioral Health System for Youth

Application For Employment

The Barry Robinson Center is an equal opportunity employer. The Barry Robinson Center does not discriminate in employment on the basis of race, color, religious creed, national origin, sex or ancestry or on the basis of age or physical or mental handicap unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination or to limit or exclude any applicant's consideration for employment on a basis prohibited by local, state or federal law.

Applications will not be considered unless all sections of this employment application are fully completed or n/a noted where no information is available.

PLEASE PRINT

POSITION DESIRED _____

DATE OF APPLICATION ____/____/____ SALARY DESIRED _____

REFERRED BY: _____ REFERRAL SOURCE IS: (Please check one)

- ADVERTISEMENT ~ If so, what: _____ EMPLOYEE GOVERNMENT/EMPLOYMENT AGENCY
 COLLEGE/UNIVERSITY PLACEMENT OFFICE RELATIVE WALK-IN OTHER _____

WITHIN THE LAST 12 MONTHS

Have you resided in a state other than Virginia? YES NO

If so, when? Start ____/____/____ End ____/____/____ City, State _____

Employed, volunteered, or interned in any service capacity with children in a state other than Virginia? YES NO

If so, when? Start ____/____/____ End ____/____/____ Facility _____

What role did you serve? _____ City, State _____

PERSONAL INFORMATION

NAME _____
LAST FIRST MIDDLE

All other names by which individual has been known: (i.e. maiden name, married name, nickname, etc.) _____

ADDRESS _____
LAST FIRST MIDDLE
STREET CITY STATE ZIP CODE

TELEPHONE # () - CELL PHONE # () - SOCIAL SECURITY # - -

If necessary, best time to call you at home is.....

May we contact you at work? YES NO; and Leave a Message YES with _____ NO

If yes, work number and best time to call () - _____

Have you filed an application here before? YES NO

If yes, give position and date ____/____/____

Have you ever been employed here before? YES NO

If yes, give position and dates FROM ____/____/____ TO ____/____/____

Are you legally eligible for employment in this country? YES NO
(Proof of U.S. citizenship or immigration status will be required upon employment.)

Date available for work ____/____/____

Type of status desired Full-Time Part-Time Substitute/PRN Temporary/Seasonal Internship Volunteer

Are you on a lay-off and subject to recall? YES NO

Will you travel if job requires it? YES NO Do you have a valid VA driver's license? YES NO

Driver's license number (If required by job) State _____

Will you work overtime if required? YES NO

Do you have any relatives who are currently employed at this facility? YES NO

If so, please provide: Name of employee _____ Relationship to you _____

Have you ever been convicted of a felony? YES NO

If yes, please explain: _____

Have you ever been in the U.S. Armed Forces? _____
Which Branch? _____

Are you presently a member of Reserves or National Guard? _____

If so, when is your enlistment up? _____

EDUCATIONAL BACKGROUND

	Name of School	Location (City, State)	Courses Taken	Date Completed	List type of Diploma, Degree or Certificate Received
High School					
College					
Graduate					
Vocational Or Business					
Professional Education					

Scholastic Honors Received _____

Extracurricular Activities While in School _____

Member of Professional Organizations _____

Honors received, Volunteer or Community Services, Hobbies, or other qualifications you have which you feel are related to the position for which you are applying: _____

List any foreign language(s): _____

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Verification (Do not write in this space)

Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issues	Number	
Type	Organization or State Issued	Date Issued	Number	

EMPLOYMENT HISTORY - Must Complete In Full listing most recent position first

Present and Former Employers		Position & Duties		
Name _____ Address _____ City, State _____ Supervisor _____ Phone _____	Dates Employed		Position held	Reason for Leaving _____ _____ _____ _____
	From	To		
	Salary Range		Specify duties/tasks	
	Starting	Ending		
Name _____ Address _____ City, State _____ Supervisor _____ Phone _____	Dates Employed		Position held	Reason for Leaving _____ _____ _____ _____
	From	To		
	Salary Range		Specify duties/tasks	
	Starting	Ending		
Name _____ Address _____ City, State _____ Supervisor _____ Phone _____	Dates Employed		Position held	Reason for Leaving _____ _____ _____ _____
	From	To		
	Salary Range		Specify duties/tasks	
	Starting	Ending		
Name _____ Address _____ City, State _____ Supervisor _____ Phone _____	Dates Employed		Position held	Reason for Leaving _____ _____ _____ _____
	From	To		
	Salary Range		Specify duties/tasks	
	Starting	Ending		

REFERENCES

Use this space to give further information, which will assist us in evaluating you, including at least two professional references, whom you have known at least one year.

NAME	ADDRESS	CITY, STATE	PHONE	PROFESSIONAL RELATIONSHIP
.....
.....

SPECIFY IN DETAIL CLINICAL EXPERIENCE TO INCLUDE AGENCY, ROLE, DURATION.

Please explain all periods of unemployment. _____

Availability Record

I understand that if I am employed, certain conditions may require me to work shifts other than the one for which I am applying and agree to such scheduling change as directed by my supervisor or management of this institution.

_____/_____/_____
Applicant's Signature Date

Do you have any obligations or responsibilities that would limit your availability to work or prevent your fulfillment of duty expectations? Yes No If yes, explain _____

I understand that if I am employed I will be required to follow the Human Resources Policies and Procedures for The Barry Robinson Center and that infractions of said rules may lead to dismissal. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

I attest that I can follow instructions both in oral and written format.

I understand that if I am employed it will be on a probationary or trial basis for a period of 6 months.

_____/_____/_____
Applicant's Signature Date

I understand that any misrepresentation of any facts set forth in my application may lead to cancellation of this application and/or my dismissal from the employer's service whenever any misrepresented or misleading information is discovered. I authorize an investigation of all information contained in this application, agree to cooperate in such investigation and I specifically release from all liability The Barry Robinson Center and any persons, companies, or other organizations that may be contacted to verify or supplement any information I have provided.

I understand that the employment relationship sought will be at-will and just as I am free to resign at any time, The Barry Robinson Center reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of The Barry Robinson Center has the authority to make any assurances to the contrary.

_____/_____/_____
Applicant's Signature Date