



Name and Address of person to be contacted in case of an emergency:

_____	
First Name	Last Name
_____	
( ) - _____	( ) - _____
Phone	Alternate Phone

Have you ever been convicted of a crime? [ ] YES [ ] NO  
(Answering "YES" will automatically disqualify you.)

Are there any pending felony charges against you? [ ] YES [ ] NO  
(Answering "YES" will automatically disqualify you.)

Have you ever worked for this organization in the past? [ ] YES [ ] NO

If so, did you work under a different name? [ ] YES [ ] NO

If yes, is any additional information relative to a different name necessary to check your work record? [ ] YES  
[ ] NO

If yes, please explain: \_\_\_\_\_

If the position for which you applied requires you to drive while on duty, do you have a valid driver's license? [ ] YES [ ] NO

**SECTION 3: AVAILABILITY AND INTERESTS IN WORK**

For which position have you applied: \_\_\_\_\_

Have you been given a job description for this position? [ ] YES [ ] NO

Are you interested in full-time or part-time work? [ ] FULL-TIME [ ] PART-TIME

On which days are you available to work?

Mon	_____	[ ] Morning	[ ] Afternoon	[ ] Evening
Tues	_____	[ ] Morning	[ ] Afternoon	[ ] Evening
Wed	_____	[ ] Morning	[ ] Afternoon	[ ] Evening
Thurs	_____	[ ] Morning	[ ] Afternoon	[ ] Evening
Fri	_____	[ ] Morning	[ ] Afternoon	[ ] Evening
Sat	_____	[ ] Morning	[ ] Afternoon	[ ] Evening
Sun	_____	[ ] Morning	[ ] Afternoon	[ ] Evening

On what date are you available to start work? \_\_\_\_\_

**SECTION 4: EDUCATION**

High School	_____	_____	_____	_____
	Name	Street	City	State
Did you graduate?	[ ] YES	[ ] NO		

College \_\_\_\_\_  
Name \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Did you graduate? [ ] YES [ ] NO  
If yes, what degree(s) did you obtain? \_\_\_\_\_  
\_\_\_\_\_

Business/  
Trade School \_\_\_\_\_  
Name \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Did you graduate? [ ] YES [ ] NO  
If yes, what degree(s) did you obtain? \_\_\_\_\_  
\_\_\_\_\_

Professional  
School \_\_\_\_\_  
Name \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Did you graduate? [ ] YES [ ] NO  
If yes, what degree(s) did you obtain? \_\_\_\_\_  
\_\_\_\_\_

**SECTION 5: EMPLOYMENT HISTORY** (Please start from present to most recent employer)

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Employment Dates (month/year)  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Hourly Pay:  
Start: \_\_\_\_\_ Last: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_  
\_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Employment Dates (month/year)  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Hourly Pay:  
Start: \_\_\_\_\_ Last: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_  
\_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Employment Dates (month/year)  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Hourly Pay:  
Start: \_\_\_\_\_ Last: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_  
\_\_\_\_\_

May we contact your current supervisor or manager? [ ] YES [ ] NO

If no, why? \_\_\_\_\_

If yes, who should we call? \_\_\_\_\_  
Name Title Phone #

Have any previous employers served persons funded through a community mental health (CMH) entity? [ ] YES [ ] NO

If yes, which CMH entities were involved? \_\_\_\_\_

May we contact the employers and CMH entities that you listed above to determine if you have ever had a recipient rights violation substantiated against you? [ ] YES [ ] NO

**SECTION 6: REFERENCES**

Give names of two (2) personal references from persons not related to you, whom you have known at least one (1) year:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

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Give the names of two (2) personal references from supervisors, managers, administrators, or executive directors for whom you have worked:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

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## SECTION 7: PERSONAL LICENSES, CERTIFICATIONS, AND CREDENTIALS

Do you have any of the following licenses or certifications?

Certified Nurse Aid  YES  NO

If yes, please indicate your license number: \_\_\_\_\_

Nursing License  YES  NO

If yes, please indicate your license number: \_\_\_\_\_

Other job-related licenses, certifications, or credentials  YES  NO

If yes, please provide detail: \_\_\_\_\_

## SECTION 8: CONSENT

I hereby give you my permission to contact the above employers, references, and educational, licensing, credentialing, and certification institutions to verify the items I listed above. I hereby release Redwood, Inc. and the above referenced organizations, reference persons, and employers from all claims, liability and damages that may result from furnishing the information to you. I consent to releasing any information relating to my job performance, which is documented in my personal file. In the event that a prior employer or other organization is obligated to provide any written notice to me regarding the disclosure of information to Redwood, Inc., I hereby waive that obligation and expect no written notice of disclosure of my personal information.

I also understand that because of the nature of my job and licensing requirements, I hereby consent to the release of this application or portions of this application to representatives of the Department of Human Services, Department of Community Health, local community mental health entities, or other governmental agencies or private agencies, for all licensing or investigatory purposes and to verify information I have listed in this job application. I hereby release Redwood, Inc., Department of Human Services, Department of Community Health, local community mental health entities, or other governmental agencies or private agencies from all claims, liability, and damages that may result from furnishing the information to you.

I further specifically waive written notice and agree to the divulging of any disciplinary reports, letters of reprimand, or other disciplinary action by all prior employers, and hereby release any prior employers from all claims, liability, and damages that may result from furnishing the information to you.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

I certify that all the information provided on this application is true, complete, and correct.

I further understand and agree that any falsification, misrepresentation, or omission of fact on the application or in any interviews or pre-employment process are grounds for disqualification for consideration of employment or termination of employment if the discovery is made after employment begins.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**SECTION 9: AT-WILL STATUS**

In consideration of my employment, I agree to conform to the policies, rules, and regulations of Redwood, Inc. I understand and agree that my employment and compensation are for no definite period and, may, regardless of the time and manner of my wages or salary, be terminated at-will with or without cause and with or without notice at any time, at the sole discretion of Redwood, Inc. or myself.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

This application will be kept current for 12 months.  
You would need to complete another application to be reconsidered after this date.

Date: \_\_\_\_\_

**REDWOOD, INC**  
**CONDITIONAL JOB OFFER**

It is the policy of this organization to issue a written conditional job offer based on several contingencies, including but not limited to the following:

This offer is conditioned upon successful verification and/or completion of the employee's reference checks, education, employment experience, licenses, certifications, state criminal history record check, fingerprinting, FBI background check, driver's license check and other screening procedures used as assess the applicant's good moral character and overall suitability to be employed for this position.

The offer of employment is also conditioned upon the successful completion of health screening including but not limited to pre-employment physical, TB test, and substance screen test. Such health screenings will be conducted at a health care facility, clinic, or health care professional office selected by Redwood, Inc. The cost associated with these screenings will be paid for directly by Redwood, Inc.

Additionally, this conditional job offer is contingent upon the applicant's ability to submit appropriate documentation establishing his/her identity and his/her right to be lawfully employed in the United States as determined by the Immigration Reform and Control Act of 1989.

Any information gathered from the background check screening and health screening shall be kept confidential and disclosed only to Redwood, Inc. personnel involved in hiring decisions. The information may also be disclosed to state and federal agencies as authorized by state or federal law.

Finally, this conditional offer of employment is contingent upon the Employer's ability to verify the accuracy and truthfulness of all the information provided on the job application and throughout the hiring process.

Redwood, Inc. is an equal opportunity employer and it will not discriminate on the basis of race, sex, religion, national origin, marital status, age, weight, height, color, disability, or veteran status in the hiring of employees.

This conditional offer is also conditioned upon the applicant's full cooperation with the production of references, obtainment of signed releases, consent forms, criminal history records, fingerprints, and the obtainment of any other information required by Employer Policy, State or Federal Law. Failure to comply fully with all of the requirements within 10 business days will result in automatic withdrawal of this offer.

This conditional job offer does not in any way alter the At-Will status of employment.

If the required screenings and background checks are not completed within 10 business days, then this conditional offer of employment shall be withdrawn.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date