



**RENAISSANCE BEHAVIORAL HEALTH SYSTEMS and MENTAL HEALTH RESOURCE CENTER
10550 DEERWOOD PARK BLVD. SUITE 600
JACKSONVILLE, FLORIDA 32256
EMPLOYMENT APPLICATION**

We are an equal opportunity agency dedicated to a policy prohibiting discrimination in employment on any unlawful basis, including race, color, religion, sex, sexual orientation, gender identity or expression, age, handicap, disability, marital status, national origin, veteran status, or genetic information.

Applications will remain on file for 90 days only.
Upon request applications may be renewed.
RBHS and MHRC are "Drug Free Workplaces."
Background screening is required for all positions.

Position(s) for Which You Are Applying:		Company for Which You Are Applying: RBHS <input type="checkbox"/> MHRC <input type="checkbox"/>		Rate of Pay Desired:	
Name				Telephone Number (.....)	
Present Address: Number & Street City State Zip Code				How Long Have You Lived in this Area?	
Previous Address: Number & Street City State Zip Code				Social Security #	
Check Your Preference: Day Shift <input type="checkbox"/> Evening Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Rotating <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Weekend <input type="checkbox"/> PRN <input type="checkbox"/>				Are You 18 or Older? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Drivers License # and State:		Do You Have Transportation? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Professional License # Expiration Date:		Have You Worked for RBHS and MHRC Before? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have You Ever Applied to RBHS and MHRC Before? Yes <input type="checkbox"/> No <input type="checkbox"/>	
List Names of Relatives Employed at RBHS and MHRC:					
Criminal Background Information A conviction will not necessarily disqualify applicants from employment					
Have you ever been convicted of, pled guilty, no contest or <i>nolo contendere</i> to a crime? Yes <input type="checkbox"/> or No <input type="checkbox"/> If yes please give details (date, place, offense(s), disposition, etc.)					
Have you ever been charged with a crime and had any of the following happen as a result: (1) placed on court-ordered probation, (2) had adjudication withheld, (3) entered a pre-trial intervention program? Yes <input type="checkbox"/> or No <input type="checkbox"/> If yes, please give details (date, place, offense(s) current status)					
Have you ever been sued/been a defendant in a civil action for intentional tort(s) (e.g. assault, battery, Intentional infliction of emotional distress), or an unlawful employment practice (e.g. sexual or racial harassment)? Yes <input type="checkbox"/> or No <input type="checkbox"/> If yes, identify the alleged intentional tort(s) and/or unlawful employment practice(s), the disposition of the action, and the date of the disposition					
EDUCATION				Are you presently attending school? Yes No	
Name		Location		Degree	GPA
High School:					Major
College, Trade, Business or Vocational:					
Graduate School:					

How Did You Hear About the Organization and/ or Position You Are Applying For?

Describe any other skills or credentials related to the kind of position you are applying for:	Are you presently employed?	May we contact your present employer?
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

PREVIOUS EMPLOYMENT: List below your last four employers beginning with the *current* or *most recent* employer.
PLEASE DO NOT WRITE SEE RESUMÉ

EMPLOYER NAME		Work Telephone# ()
Employer Address	Number and Street	City
		State Zip Code
Last Supervisor	Dates of Employment	Pay Rate Start End
Work Performed		Title
		Reason for Leaving
EMPLOYER NAME		Work Telephone# ()
Employer Address	Number and Street	City
		State Zip Code
Last Supervisor	Dates of Employment	Pay Rate Start End
Work Performed		Title
		Reason for Leaving
EMPLOYER NAME		Work Telephone# ()
Employer Address	Number and Street	City
		State Zip Code
Last Supervisor	Dates of Employment	Pay Rate Start End
Work Performed		Title
		Reason for Leaving
EMPLOYER NAME		Work Telephone# ()
Employer Address	Number and Street	City
		State Zip Code
Last Supervisor	Dates of Employment	Pay Rate Start End
Work Performed		Title
		Reason for Leaving

DRIVING RECORD (if the position for which you are applying is a frequent driver position)		Do you have a Valid Drivers License? Yes <input type="checkbox"/> No <input type="checkbox"/>
What class of license do you possess?	Have you had a Suspension or Probation of your license in the last 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	How many speeding or other moving violations have you had in the last 3 years? _____

List all traffic violations (except parking) on your record for the last five (5) years and all accidents for which you are responsible (use additional pages if necessary):

Date	Location	Description	Result

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize Renaissance Behavioral Health Systems (RBHS) and Mental Health Resource Center (MHRC), to investigate all statements contained in this application and to interview the references and previous employers listed in this application. I authorize the references and previous employers listed to give RBHS and MHRC. all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to RBHS and MHRC, including but not limited to, any liability for defamation or invasion of privacy. If my application is accepted for employment, I understand that I will be required to serve a six (6) month probationary period. I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my probationary period, at the option of either RBHS, MHRC, or myself.

I understand that no supervisor or other representative of RBHS and MHRC other than the President has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. If my application is accepted for employment, I understand that it is my responsibility to keep an accurate and complete record of my hours worked each day.

I further understand and voluntarily agree as a condition of employment or continued employment, that I may be requested by RBHS and MHRC to submit to a urinalysis or other drug screen test and that my failure to take such a test(s) when requested to do so, or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal.

I certify that I have read, understand and agree to the above.

Signature of Applicant

Date

**RENAISSANCE BEHAVIORAL HEALTH SYSTEMS
MENTAL HEALTH RESOURCE CENTER**

INVESTIGATION INFORMATION RELEASE AUTHORIZATION

I understand that Renaissance Behavioral Health Systems (RBHS) and Mental Health Resource Center (MHRC), require a thorough pre-employment background investigation. This investigation is limited to only information required to determine fitness for employment and will include, but is not limited to, employment history verification, verification of credentials, job performance, disciplinary record, driving record, and a criminal background investigation. By affixing my signature to this document I agree to hold harmless any previous employer, agent of that corporation, private individual or government agency requested to provide information to verify the information contained on my application for employment.

YOUR SIGNATURE INDICATES YOUR RECEIPT OF THIS DISCLOSURE

Signature of Applicant

Date