

Application for Employment



Meridian Behavioral Health is an equal opportunity employer and, in accordance with the requirements of all applicable state and federal laws, does not discriminate in hiring or employment practices on the basis of race, color, religion, creed, national origin, sex, ancestry, marital status, veteran status, disability, age, sexual orientation, or any other legally protected status.

We ask that all applicants complete the Application for Employment. Please print and use ink. Resumes are not accepted in lieu of an Application, but are treated as supplemental information.

You can send the Application by fax to Human Resources at 612-326-7632, or you may send the paper copy by mail to:

Meridian Behavioral Health • Human Resources • 550 Main St., #230 • New Brighton, MN 55112
 Main: 612-326-7600 • Web Site: www.meridiannetwork.com

Personal Information

Position Applying for:		Date of Application:	
(Last Name)	(First)	(Middle Initial)	
(Address)	(City)	(State)	(Zip Code)

Contact Information:

(Home Telephone)	(Alternate Telephone)
(Work Telephone)	(Cell/Pager)
(E-Mail)	Date available for work:

Type of employment desired:

Full-time
 Part-time
 Temporary
 Contract
 Internship

Hours available to work: (select all preferences)

- Days
- Evenings
- Nights
- Weekends
- No Preference

Days available to work: (select all preferences)

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Holidays

Are you willing to work over-time if required? Yes No

Rate of pay expected: \$ _____ Hour Year

Placement Preference:

- | | | |
|---|--|--|
| <input type="checkbox"/> Avalon – Aitkin | <input type="checkbox"/> Avalon – Prospect Park | <input type="checkbox"/> Odyssey – Eagan |
| <input type="checkbox"/> Avalon – Brainerd | <input type="checkbox"/> Avalon – Ramsey Correctional Facility | <input type="checkbox"/> Odyssey – JSC |
| <input type="checkbox"/> Avalon – Crow Wing | <input type="checkbox"/> Avalon – Stillwater | <input type="checkbox"/> Tapestry |
| <input type="checkbox"/> Avalon – Cottage Grove | <input type="checkbox"/> Alliance Clinic | <input type="checkbox"/> Twin Town |
| <input type="checkbox"/> Avalon – Eagan | <input type="checkbox"/> Cedar Ridge | |
| <input type="checkbox"/> Avalon – Midway | <input type="checkbox"/> Meadow Creek | |
| <input type="checkbox"/> Avalon – Pine City | <input type="checkbox"/> Meridian Behavioral Health – Support Services/Resource Center | |

Have you ever been employed by one of the Meridian Behavioral Health program facilities? Yes No
 If yes, list program name, location and dates of employment:

Reason for leaving:

List any relatives who are currently employed by Meridian Behavioral Health: (Name and Relationship)

Are you 18 years of age or older? Yes No

Can you, upon employment, provide documented proof establishing your identify and eligibility to be legally employed in the United States? Yes No
All new hires must produce proof of identify and employment eligibility upon hire in accordance with the Immigration Reform and Control Act of 1986.

Do you currently possess a valid driver's license? Yes No
(Checking "No" is not necessarily a bar to employment. Not all Meridian Behavioral Health positions require driving.)

Have you ever been involuntarily discharged or asked to resign from a position?
 Yes No If yes, please explain:

Have you ever committed an act of breach of trust or dishonesty such as theft or falsification?
 Yes No If yes, please explain:

Were you convicted of any crime as a result of this act? Yes No

Have you been convicted of a felony or misdemeanor within the past 10 years? Yes No
 If yes: Nature of Offense: _____ Date of Offense: _____ Penalty: _____

How were you referred to Meridian Behavioral Health? (Please select one)
 I am a return employee
 Meridian Behavioral Health Website
 Newspaper/Internet Advertisement (please indicate which one):
 Employee referral (**name of employee**):
 Other (please list):

Education

	Name/Address of School	Last Year Completed	Did you Graduate?	Degree	Course of Study
High School		1 2 3 4	Yes No		
College or Nursing School		1 2 3 4	Yes No		
Business or Trade School		1 2 3 4	Yes No		
Graduate School		1 2 3 4	Yes No		
Other (Specify)		1 2 3 4	Yes No		

Employment History (beginning with the most recent)

Employer	Dates Employed From To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Starting Final	
Job Title Supervisor		
Specific reason for leaving		
Employer	Dates Employed From To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Starting Final	
Job Title Supervisor		
Specific reason for leaving		
Employer	Dates Employed From To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Starting Final	
Job Title Supervisor		
Specific reason for leaving		
May we contact the employers listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, indicate which one(s) you do not wish us to contact and why:		

References

Please list three Professional References. (Do not include relatives.)			
Professional Reference #1			
Name		Daytime Phone	
Address	City	State	Zip Code
Professional Reference #2			
Name		Daytime Phone	
Address	City	State	Zip Code
Professional Reference #3			
Name		Daytime Phone	
Address	City	State	Zip Code

Additional Information

List memberships in professional, trade, business and/or student organizations.

You may exclude membership in organizations which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Indicate your professional license, registration or certification number and type:

Description	State	Expiration Date
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Other qualifications.

Summarize special job-related skills, qualifications, workshops, and in-service training acquired from employment or other experience.

Computer skills.

State any additional information that you feel may be helpful to us in considering your application for employment.

I hereby give Meridian Behavioral Health the right to make a thorough investigation into my previous employment, education, references and all statements made by me in connection with my application for employment, credit and criminal records check, and any other information relative to my employment; and I release from all liability all persons, companies and corporations supplying such information.

I understand that any false answer, statement or representation made by me in this application shall constitute cause for denial of employment or discharge. I also understand that nothing contained in the Employment Application or the granting of an interview is intended to create a contract between Meridian Behavioral Health and myself for either employment or for the granting of benefits. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Meridian Behavioral Health unless made in writing. If an employment relationship is established, I understand and agree that it is not for a definite period of time and that I have the right to terminate my employment at any time and that Meridian Behavioral Health retains a similar right.

I understand that any offer of employment is conditioned upon my successful completion of a criminal background study, employee physical/TB/chest x-ray and a driver's license check when applicable.

I understand that, if accepted for employment, I will be required to abide by the rules and policies of Meridian Behavioral Health.

I accept and understand the above terms and conditions.

Signature of Applicant

Date