

# 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](http://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      Friday  
 Monday      Saturday  
 Tuesday      Holidays  
 Wednesday  
 Thursday

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?  Yes  No

If yes: Nature of Offense: \_\_\_\_\_ Date of Offense: \_\_\_\_\_ Penalty: \_\_\_\_\_

Do you have two years of freedom from chemical use problems?  Yes  No  Not Applicable

How were you referred to Meridian Behavioral Health Website? (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)

<b>Employer</b>	<b>Dates Employed</b> From                  To	<b>Work Performed</b>
Address		
Telephone Number(s)	<b>Hourly Rate/Salary</b> Starting                  Final	
Job Title                          Supervisor		
Specific reason for leaving		

<b>Employer</b>	<b>Dates Employed</b> From                  To	<b>Work Performed</b>
Address		
Telephone Number(s)	<b>Hourly Rate/Salary</b> Starting                  Final	
Job Title                          Supervisor		
Specific reason for leaving		

<b>Employer</b>	<b>Dates Employed</b> From                  To	<b>Work Performed</b>
Address		
Telephone Number(s)	<b>Hourly Rate/Salary</b> Starting                  Final	
Job Title                          Supervisor		
Specific reason for leaving		

May we contact the employers listed above?     Yes     No  
 If NO, indicate which one(s) you do not wish us to contact and why:

### References

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

**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