

HAVENWOOD Employment Application

One Havenwood Lane Suite A

PO Box 1005 Travelers Rest, SC 29690

Phone (864) 834-8013 Fax (864) 834-6977

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status, or any other condition prescribed by state or local law.



BEHAVIORAL HEALTH

HEALTH • CARE • INTEGRITY

Personal & General Information	Last Name		First		Middle		Maiden Name			
	Position Applied For:							Today's Date		
	Street Address							Home Telephone Number ()		
	City, State Zip							Business Telephone Number ()		
	Emergency Contact Person – Name & Telephone							Cell Phone or Pager ()		
	Are you over 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			Can you perform the essential functions of the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Have you been convicted of a crime or violation other than a minor traffic violation? (A conviction will not necessarily result in denial of employment) <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain)									
	Employment Status Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN			When would you be available to work?		How did you hear about this job / facility?				
	Days & Hours Available: (If employed, I will notify my supervisor in writing, should my availability change.)									
	Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
	From:									
	To:									
	Have you ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, when)				Have you ever applied with this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, when)					
	Are you related to anyone presently working at HAVENWOOD? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide name & relation)									

Education	School	Name & Location	Course of study	# of years completed	Did you graduate ?	Year Graduated	Degree or Diploma
	GED				<input type="checkbox"/> Yes <input type="checkbox"/> No		
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Business/ Tech				<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Undergraduate				<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Certificates				<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Certificates				<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Licenses				<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Licenses				<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please give accurate, complete full-time & part-time employment record. Start with present or most recent employer. Explain any gaps in employment on a separate sheet of paper.

Applicant Name:

1) Company Name:	Company Address – Street/PO Box	City	State	Zip
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hourly Pay Start	Last	Employed – month & year From	To
Company Telephone Number ()	Describe your duties			
Job Title	Reason for leaving & explanation			

2) Company Name:	Company Address – Street/PO Box	City	State	Zip
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hourly Pay Start	Last	Employed – month & year From	To
Company Telephone Number ()	Describe your duties			
Job Title	Reason for leaving & explanation			

3) Company Name:	Company Address – Street/PO Box	City	State	Zip
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hourly Pay Start	Last	Employed – month & year From	To
Company Telephone Number ()	Describe your duties			
Job Title	Reason for leaving & explanation			

4) Company Name:	Company Address – Street/PO Box	City	State	Zip
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hourly Pay Start	Last	Employed – month & year From	To
Company Telephone Number ()	Describe your duties			
Job Title	Reason for leaving & explanation			

Personal References – Persons not related to you or listed above

Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number

Military	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what branch?
Location	Dates Enlisted: From To	Rank at Discharge:
Nature of duties & special training received	Type of discharge:	Member of Active Reserve: <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Name:

I hereby certify that all of the information provided by me in this application (and any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that falsification, misrepresentation or omission of any facts in said documents may be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that should an offer of employment be extended by HAVENWOOD, that such employment with HAVENWOOD is at will, for no specified duration and may be terminated by either HAVENWOOD or me at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of HAVENWOOD or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of HAVENWOOD, except the CEO, has authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the CEO.

In consideration for employment with HAVENWOOD, if employed, I agree to conform to the rules, regulations, policies, and procedures of HAVENWOOD at all times and understand that such obedience is a condition of employment.

I understand that if offered a position with HAVENWOOD, I will be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment, and I agree to such future examination as may be required by HAVENWOOD. I understand those unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks may result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to HAVENWOOD and/or any of its representatives, agents or vendors, and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period, I must fill out and submit a new application.

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD
AND AGREE TO THE ABOVE STATEMENTS.**

Position Applied For: _____

Name: _____

Other Last Name Known By: _____

Address: _____
Street City, State Zip Code

Date

Signature

South Carolina Department of Social Services
CONSENT TO RELEASE INFORMATION

With my signature below, I consent for the South Carolina Department of Social Services to conduct a one-time search of the records indicated below to determine whether they contain information that I was the perpetrator of harm to a child and to release information found to the individual/organization named below.

I understand that the information provided may prove to be unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with release of information requested on this form. If it appears to me that the information has not been updated or is otherwise inaccurate, I agree to notify the Department immediately.

SECTION I. Purpose for Request

A. I am requesting a search of the Central Registry of Child Abuse and Neglect and the Department's database of records of Child Abuse and Neglect cases in connection with:

- becoming or remaining a foster parent or potential adoptive parent; or
- becoming or remaining an employee of or a member of the state or a local foster care review board; or
- becoming an employee or volunteer for the South Carolina Guardian ad Litem Program or Richland County CASA.

B. I am requesting a search **ONLY** of the Central Registry of Child Abuse and Neglect for a purpose of _____.

SECTION II. Mail Results To:

ATTN: _____

TEL. NO: _____

SECTION III. Central Registry Check Fees: Please appropriate box and include payment. Check or Money Order (NO CASH).

- | | |
|---|--|
| <input type="checkbox"/> Non-Profit Entities.....\$8.00 | <input type="checkbox"/> Name Changes.....\$8.00 |
| <input type="checkbox"/> For-Profit Entities..... \$25.00 | <input type="checkbox"/> Other (Individuals, etc.).....\$8.00 |
| <input type="checkbox"/> State Agencies.....\$8.00 | <input type="checkbox"/> Private Adoption Investigations.....\$25.00 |
| <input type="checkbox"/> Schools.....\$8.00 | |

SECTION IV. Please print legibly or type the following: First, Middle and Last Name (NO INITIALS)

Name: _____ DOB: _____ Sex: _____ Race: _____
Maiden/Aliases: _____ Name Change: _____
Place of Birth: _____ SSN: (See instructions) _____
Current Address: _____ Previous Address: (See instructions) _____

SECTION V. Your signature MUST be witnessed or notarized. Please mail appropriate payment and form for processing to: South Carolina Dept. of Social Services, **ATTN: Cashier, 1535 Confederate Avenue, P.O. Box 1520, Columbia, SC 29202-1520.**

_____ Signature of Applicant	_____ Date
_____ Signature of Notary or Witness	_____ Date

SECTION VI. RESULTS: THIS SECTION IS TO BE COMPLETED ONLY BY AUTHORIZED DSS EMPLOYEES OF THE DEPARTMENT.

- The name is not included as a perpetrator on the Central Registry of Child Abuse and Neglect.
- The request has been received. Additional research will be required to respond to the request. Thirty to sixty days may be required. Please call _____ if you have any questions.
- The name is included as a perpetrator on the Central Registry of Child Abuse and Neglect.
- The name is included as a perpetrator in the Department's database of records of child abuse and neglect cases. See attached correspondence.

Authorized DSS Employee

Date

INSTRUCTIONS FOR DSS FORM 3072 – CONSENT TO RELEASE INFORMATION

PLEASE DO NOT ALTER THIS FORM IN ANY WAY

SECTION I: Purpose for Request: To provide authorization for the SC Department of Social Services to conduct a search of the State Central Registry of Child Abuse and Neglect and/or the DSS Database and to release results. Please indicate the purpose of the search by checking in the appropriate box.

SECTION II: Mail Results To: Please ensure that you type or stamp the return address next to, "MAIL RESULTS TO," on this form. Please include the contact person's name and telephone number.

SECTION III: Central Registry Fee: Please check appropriate fee box.

SECTION IV: Please type or print legibly the following information:

- Name: Provide complete spelling of name to include the first, middle and last name - **NO INITIALS.**
- Name Change: List the new name(s).
- Date of Birth: Month/Day/Year
- Sex: (Self Explanatory)
- Race: (Self Explanatory)
- Social Security Number: All the information requested on this form is necessary in order to conduct a thorough search. Providing your Social Security Number (SSN) is optional, but it is recommended that you provide your SSN to assist with the research. Your SSN will be used **only** to conduct what we hope will be a thorough central registry/data base check and will not be given to any person than indicated agency or entity.
- Place of Birth: Provide the name of the State you were born in.
- Current Address: Provide your current residence.
- Previous Address: If current address is less than 7 years; list other addresses, States, Countries you have resided in for the past seven years. Use separate sheet if necessary.

SECTION V: Mail payment; completed Form 3072 Consent to Release Information, and a stamped addressed envelope to:

**South Carolina Department of Social Services
Attention: CASHIER
1535 Confederate Avenue
P.O. Box 1520
Columbia, SC 29202-1520**

- Signature of Applicant: Requesting the applicant's original signature for a one-time search of the State Central Registry of Child Abuse and Neglect and/or the DSS Database and to release results.
- Signature of Witness or Notary: The applicant's signature must be witnessed or notarized prior to submitting for processing.

PLEASE CALL (803) 898-7229 IF YOU NEED ASSISTANCE COMPLETING THIS FORM.

After receipt by cashier and processing of payment, the Central Registry/DATA BASE check will be completed by authorized DSS personnel in the Division of Human Services.

DSS personnel in the Division of Human Services must do the following:

1. Conduct Central Registry check and/or Database search in accordance with Section I. A or B.
2. Check appropriate results box.
2. Sign and date form; stamp, "confidential" on envelope and mail to return address, Section II.

Distribution

Results of the search will be sent **ONLY** to the individual or organization specified in Section II of this form.

**DISCLOSURE OF PROCUREMENT OF
INVESTIGATIVE CONSUMER REPORT**

PLEASE BE ADVISED that Springbrook Behavioral Health System (the "Company") may obtain an investigative consumer report about you from a third-party consumer reporting agency for employment purposes. This report may include information about your character, general reputation, personal characteristics, and mode of living, and it may involve personal interviews with sources such as your neighbors, friends, and associates, as well as past and present employers, coworkers, references or others. You have the right, upon written request to the Company made within a reasonable period of time after receipt of this notice, to request a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You also have the right to request a summary of your rights under the federal Fair Credit Reporting Act.

End of document

Note to Company:

Leave a copy of this disclosure with the applicant/employee.

DISCLOSURE OF PROCUREMENT OF CONSUMER REPORT

PLEASE BE ADVISED that Springbrook Behavioral Health System (the "Company") may obtain information about you from a third-party consumer reporting agency to evaluate your eligibility for employment purposes. Thus, you may be the subject of a consumer report which may include information about your character, general reputation, personal characteristics, or mode of living.

End of document

Note to Company:

Leave a copy of this disclosure with the applicant/employee.



AUTHORIZATION

I **HEREBY AUTHORIZE** Springbrook Behavioral Health System ("the Company") to obtain consumer reports and investigative consumer reports about me at any time after receipt of this Authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any person or entity, law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information to Employment Screening Services at 2700 Corporate Drive, Suite 100, Birmingham, Alabama 35242, 866-859-0143, www.es2.com.

The term background information includes, but is not limited to, employment history, reference checks, criminal and civil history information, motor vehicle records, moving violation reports, sex offender status information, credit reports, education verification, professional licensure verification, drug testing, and information related to my Social Security Number.

I acknowledge receipt of three separate documents entitled Disclosure of Procurement of Consumer Report, Disclosure of Procurement of Investigative Consumer Report, and a Summary of Your Rights under the Fair Credit Reporting Act, and I certify that I have read and understood all of those documents. I understand I can view ESS's Privacy Policy on its website at www.es2.com. I agree that a facsimile, electronic or photographic copy of this Authorization shall be as valid as the original.

Signature of Applicant/Employee

Date

Print Name of Applicant/Employee

Note to Company:
Maintain original authorization in personnel file.



Employee's Personal Information

Full Name: _____	Social Security Number: _____ - _____ - _____
Address: _____	Sex: Male Female
City: _____	Emergency Contact: Name: _____
State: Zip: _____ _____	Relationship: _____
Phone: Home: () _____ - _____ Cell: () _____ - _____	Phone: _____
Email: _____	DOH: _____
Confirm Email: _____	DOB: _____

