



**GRAHAM BEHAVIORAL SERVICES, INC.**  
*Service, Training, Consultation*

PO Box 2075, Augusta ME 04338, Telephone: 207-626-0003, Fax 207-626-0004

**APPLICATION FOR EMPLOYMENT**

**PERSONAL INFORMATION:**

Last Name		First Name		Middle Name or Initial	
Mailing Address			City	State	Zip Code
Physical Address			City	State	Zip Code
Home Phone Number	2 <sup>nd</sup> Phone Number	Referred By		Relationship	
Is your age under 18? If so please give birth date;					
In case of emergency please contact:				Telephone:	

**EMPLOYMENT DESIRED:**

Position:		Date you can start:	Hourly Wage Desired: \$
Ever applied to or worked at GBS before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, When?	
Check all that apply	Adults		Children
	<input type="checkbox"/> MR <input type="checkbox"/> MH <input type="checkbox"/> Case Management		<input type="checkbox"/> MR <input type="checkbox"/> MH <input type="checkbox"/> Case Management

**EDUCATION HISTORY:**

Circle the highest grade completed	<b>High School</b>	<b>College</b>	<b>Graduate School</b>
	9 10 11 12	1 2 3 4	1 2 3 4
	Diploma _____	Degree _____	Degree _____

**AVAILABILITY:**

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
From	To	From	To	From	To	From	To	From	To	From	To	From	To

**GENERAL INFORMATION:**

Subjects of special study/research work or special training/skills or certifications:

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Have you been convicted of any crime?  Yes  No If yes, please provide details:

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An affirmative response will not automatically disqualify you from being considered for employment.

Graham Behavioral Services, Inc (GBS) provides employment, training, compensation, promotion, and other conditions of employment without regard to race, color, religion, national origin, sex, sexual orientation, age, physical or mental disability in accordance with State and Federal Law.

*Please complete employment history on reverse side.*

**LAST THREE EMPLOYERS, STARTING WITH YOUR MOST RECENT:**

Name and address of present or last employer:			
Starting date:	Leaving date:	Starting pay:	Ending pay:
Job Title:		May we contact supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor:		Telephone #:	
Description of work:			
Reason for leaving:			

Name and address of present or last employer:			
Starting date:	Leaving date:	Starting pay:	Ending pay:
Job Title:		May we contact supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor:		Telephone #:	
Description of work:			
Reason for leaving:			

Name and address of present or last employer:			
Starting date:	Leaving date:	Starting pay:	Ending pay:
Job Title:		May we contact supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor:		Telephone #:	
Description of work:			
Reason for leaving:			

**PERSONAL REFERENCES:**

Name	Address, City, State, Zip	Company Name	Years Acquainted	Telephone #

**PRE-EMPLOYMENT AUTHORIZATION:**

I voluntarily give Graham Behavioral Services, Inc. (GBS) the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies and corporations supplying such information. If employed by the Company, I understand that such employment is subject to the policies of the Company. I further understand that any false answers, statements, or omissions made by me on this application or any supplement thereto may result in immediate discharge. I understand that nothing contained in this application or in the granting of an interview creates a contract between GBS and me for either employment or for the providing of any benefits. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon GBS unless made in writing by an authorized representative of GBS. If an employment relationship is established, I acknowledge that no consideration has been furnished to GBS for my employment other than my services. I understand, if employed, that I will be an employee at will, which means that either GBS or I may terminate employment at any time, with or without cause. I agree to wear or use protective clothing or devices as required by GBS and to comply with all safety rules.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_