

# WARWICK MANOR BEHAVIORAL HEALTH

## EMPLOYMENT APPLICATION

### EOE STATEMENT

Warwick Manor Behavioral Health, Inc. is an equal opportunity employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, or physical or mental disability.



Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

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Duties & Responsibilities			

**REFERENCES**

Please provide the names and contact information for three (3) references whom you have known for at least one year and who are not related to you. Job-related references are strongly preferred.

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Name	Address and telephone No.	Association	Years known
Other information regarding references			

**GENERAL**

Yes      No

- May we contact your current employer for references?
- If hired, will you be able to work overtime?
- Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
- Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by the court? (A "yes" response does not automatically disqualify your application.)
- Have you ever had disciplinary problems with any previous employer?

Please explain if "yes" to conviction and/or discipline problem:

**CERTIFICATION & AUTHORIZATION**

The above information is true and correct. I understand that, in the event of my employment by the WMBH, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Warwick Manor Behavioral Health and my former employer and reference harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary, I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or WMBH at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

**UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

I hereby acknowledge that I have read and agree to the above statements.  
(Unsigned applications will not be considered.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ARBITRATION AGREEMENT**

I hereby agree that any and all claims or controversies between me and Warwick Manor Behavioral Health, Inc., (hereinafter, WMBH), relating to any and all events that arise out of my application and/or employment with WMBH, or termination thereof, including claims for breach of contract, tort, employment discrimination (including unlawful harassment and any other form of discrimination), any state or federal statutory violations, and any violation of any state or federal law shall be resolved by final and binding arbitration in accordance with the then applicable laws of the State of Maryland. It is further agreed that the MD. CTS. & JUD. PROC. CODE ANN. § 3-201 *et seq.* shall apply, unless a court of competent jurisdiction determines this agreement is subject to the Federal Arbitration Act. I understand that this Arbitration Agreement covers any and all claims that I might bring, including, but not by way of limitation, claims under Title VII, the Americans with Disabilities Act, the Age Discrimination in Employment Act, and claims under Article 49B of the Maryland Code. However, claims under applicable workers' compensation laws or the National Labor Relations Act shall not be subject to arbitration. The Arbitrator shall be selected by the parties and by a judge if the parties cannot agree. If any party prevails on a statutory claim that affords the prevailing party attorneys' fees, then the arbitrator may award reasonable attorneys' fees and costs provided therein to the prevailing party. Disagreements over arbitrable matters are also subject to arbitration. The parties shall equally bear the costs of administration and of the arbitrator. Each party is entitled to legal representation and shall bear its own costs in this regard.

I understand and agree that this Arbitration Agreement contains a full and complete statement of any and all agreements and understandings regarding resolution of disputes between WMBH and me, and I agree that this Arbitration Agreement supersedes all previous agreements, whether written or oral, express or implied, relating to the subjects covered in this Arbitration Agreement. I further understand that this arbitration agreement cannot be modified except in a written document signed by both me and the Company President.

I UNDERSTAND AND AGREE THAT THIS AGREEMENT TO ARBITRATE  
CONSTITUTES A WAIVER OF MY RIGHT TO A TRIAL BY JURY OF ANY MATTERS  
SUBJECT TO ARBITRATION UNDER THIS AGREEMENT.

[Failure to sign will result in removal of your application from consideration for employment.]

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee

Witness: \_\_\_\_\_

Original to personnel file