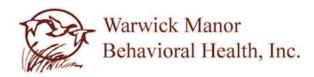


EMPLOYMENT APPLICATION

EOE STATEMENT

Warwick Manor Behavioral Health, Inc. is an Equal Opportunity Employer that does not discriminate on the basis of actual or perceived race, creed, color, religion, alienage or national origin, ancestry, citizenship status, age, disability or handicap, sex (including pregnancy, gender identity, and sexual orientation), marital status, veteran status, genetic information, arrest record, or any other characteristic protected by applicable federal, state or local laws. Our management team is dedicated to this policy with respect to recruitment, hiring, placement, promotion, transfer, training, compensation, benefits, employee activities and general treatment during employment.

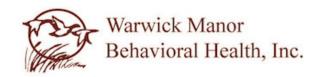


EMPLOYMENT APPLICATION

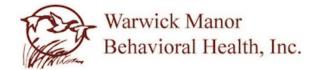
We are an equal opportunity employer and do not discriminate against otherwise qualified applicants on the basis of race, age, color, creed, religion, ancestry, marital status, national origin, disability, veteran status, or any other protected characteristic.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all of the questions on this application. You may attach a resume, but all questions must be answered.

APPLICANT INFORMATION						
EMPLOYEE'S NAME (LAST, FIRST, M.I.)				TODAY'S DATE		
STREET ADDRESS				APARTMENT/UNIT #		
CITY		STATE		ZIP CODE		
PHONE NUMBER		EMAIL ADDRESS				
POSITION APPLIED FOR		DATE AVAILABLE		DESIRED SALARY		
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S	; ?	HAVE YOU EVER W	HAVE YOU EVER WORKE			
YESNO				NO		
EDUCATION						
HIGH SCHOOL		DID YOU GRADUATE?YESNO	DEG	REE EARNED		
COLLEGE		DID YOU GRADUATE?YESNO	DEG	REE EARNED		
OTHER	DID YOU GRADUATE? DEGI			<u>REE EARNED</u>		
EMPLOYMENT HISTORY (PLEASE INCLUDE 7 YEA	ARS (OF EXPERIENCE)				
COMPANY			END	DATE		
COMPANT	<u>318</u>	START DATE END		DATE		
<u>ADDRESS</u>	<u>PH(</u>	ONE NUMBER				
SUPERVISOR		MAY	WE CONTACT?			
			YESNO			
RESPONSIBILITIES						
COMPANY	STA	ART DATE	END	<u>DATE</u>		
<u>ADDRESS</u>	<u>PH0</u>	<u>ONE NUMBER</u>				
SUPERVISOR	1		MAY	WE CONTACT? _YESNO		
RESPONSIBILITIES			-			



EMPLOYMENT HISTORY (CON	TINUED)					
<u>COMPANY</u>		START DATE	START DATE		END DATE	
<u>ADDRESS</u>		PHONE NUM	<u>BER</u>	I		
SUPERVISOR				MAY WE	CONTACT?	
DECDONCIDII ITIEC				YE	SNO	
<u>RESPONSIBILITIES</u>						
COMPANY		START DATE		END DAT	E	
ADDRESS PHONE N			BER			
SUPERVISOR				MAY WF	CONTACT?	
				YE:		
RESPONSIBILITIES						
COMPANY		START DATE		END DAT	END DATE	
					_	
ADDRESS		PHONE NUM	BER			
						
SUPERVISOR			MAY WF		CONTACT?	
<u> </u>				YE		
RESPONSIBILITIES						
REFERENCES						
<u>FULL NAME</u>	RELATIONSHIP		COMPANY		PHONE NUMBER	
FULL NAME	<u>RELATIONSHIP</u>		<u>COMPANY</u>		PHONE NUMBER	
FULL NAME	RELATIONSHIP		COMPANY		PHONE NUMBER	
	NELATIONSTIIF					
FULL NAME	RELATIONSHIP		COMPANY		PHONE NUMBER	
DISCLAIMER AND ACKNOWLE						
I certify that the information				-	edge. I understand that to	
falsify information is grounds	Tor refusing to hi	re me, or tor di	scnarge should I be h	iired.		
I authorize any person, organ						
concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.						
	nyment Lagrac to	ahida bu tha :	rules and regulations	of the con	anany which rules may be	
In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added, or interpreted at any time, at the company's sole option and without prior notice to me.						
I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any						
time, with or without cause, and with or without prior notice at the option of the company or myself.						
SIGNATURE DATE						
İ			1			



ARBITRATION AGREEMENT

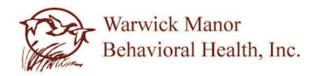
For good and valuable consideration, including consideration of this employment application and/or subsequent employment, which is hereby acknowledged, I hereby agree that and all claims or controversies between me and Warwick Manor Behavioral Health, Inc., (hereinafter, WMBH), relating to any and all 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, now or in the future, known and unknown, 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 and all subsequent revisions, modifications, amendments and successor laws, statutes, regulations and rules. However, claims under the 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 attorney's fees, then the Arbitrator may award reasonable attorney's 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 resolutions 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	or
continued employment.]	

Signature:	Date:	



[Staff interviewing applicant will complete the section below.]

INTERVIEW NOTES AND PERSONNEL A	CTION			
Interviewer(s) Name(s):			Date:	
Notes:				
				_
Remarks/Recommendation:				
[Human Pasaureas will complete the re	maindar	of this form 1		
[Human Resources will complete the re	mamuer	or this form j		
INDIVIDUAL HIRED: YES	NO			
POSITION	T DEBAR	TMENT		
POSITION	DEPAR	IIVIENI		
STARTING ANNUAL SALARY	FULL-T	IME	PART-TIME	
\$				
PERSONNEL ACTION APPROVED				
President and CEO Date	2	Director of Hur	man Resources	Date