



Warwick Manor
Behavioral Health, Inc.

We Require
Pre-employment
Drug Testing

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.



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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		
<u>EMPLOYEE'S NAME (LAST, FIRST, M.I.)</u>		<u>TODAY'S DATE</u>
<u>STREET ADDRESS</u>		<u>APARTMENT/UNIT #</u>
<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>
<u>PHONE NUMBER</u>		<u>EMAIL ADDRESS</u>
<u>POSITION APPLIED FOR</u>		<u>DATE AVAILABLE</u>
		<u>DESIRED SALARY</u>
<u>ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.?</u> ____ YES ____ NO		<u>HAVE YOU EVER WORKED FOR THIS COMPANY?</u> ____ YES ____ NO
EDUCATION		
<u>HIGH SCHOOL</u>	<u>DID YOU GRADUATE?</u> ____ YES ____ NO	<u>DEGREE EARNED</u>
<u>COLLEGE</u>	<u>DID YOU GRADUATE?</u> ____ YES ____ NO	<u>DEGREE EARNED</u>
<u>OTHER</u>	<u>DID YOU GRADUATE?</u> ____ YES ____ NO	<u>DEGREE EARNED</u>
EMPLOYMENT HISTORY (PLEASE INCLUDE 7 YEARS OF EXPERIENCE)		
<u>COMPANY</u>	<u>START DATE</u>	<u>END DATE</u>
<u>ADDRESS</u>	<u>PHONE NUMBER</u>	
<u>SUPERVISOR</u>		<u>MAY WE CONTACT?</u> ____ YES ____ NO
<u>RESPONSIBILITIES</u>		
<u>COMPANY</u>	<u>START DATE</u>	<u>END DATE</u>
<u>ADDRESS</u>	<u>PHONE NUMBER</u>	
<u>SUPERVISOR</u>		<u>MAY WE CONTACT?</u> ____ YES ____ NO
<u>RESPONSIBILITIES</u>		



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EMPLOYMENT HISTORY (CONTINUED)			
<u>COMPANY</u>		<u>START DATE</u>	<u>END DATE</u>
<u>ADDRESS</u>		<u>PHONE NUMBER</u>	
<u>SUPERVISOR</u>		<u>MAY WE CONTACT?</u> ____ YES ____ NO	
<u>RESPONSIBILITIES</u>			
<u>COMPANY</u>		<u>START DATE</u>	<u>END DATE</u>
<u>ADDRESS</u>		<u>PHONE NUMBER</u>	
<u>SUPERVISOR</u>		<u>MAY WE CONTACT?</u> ____ YES ____ NO	
<u>RESPONSIBILITIES</u>			
<u>COMPANY</u>		<u>START DATE</u>	<u>END DATE</u>
<u>ADDRESS</u>		<u>PHONE NUMBER</u>	
<u>SUPERVISOR</u>		<u>MAY WE CONTACT?</u> ____ YES ____ NO	
<u>RESPONSIBILITIES</u>			
REFERENCES			
<u>FULL NAME</u>	<u>RELATIONSHIP</u>	<u>COMPANY</u>	<u>PHONE NUMBER</u>
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DISCLAIMER AND ACKNOWLEDGMENT			
<p>I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.</p> <p>I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.</p> <p>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.</p> <p>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.</p>			
<u>SIGNATURE</u>		<u>DATE</u>	



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: _____

