

Valeo Behavioral Health Care Application

Educational Background

Schooling level	Name, City, State	Course of study & degree	Years completed
High School / GED			9 10 11 12 Graduate? Yes No
College or University			1 2 3 4+ Graduate? Yes No
Graduate School			1 2 3 4+ Graduate? Yes No
Business, Vocational, Technical			1 2 3 4+ Graduate? Yes No
Additional / other education			1 2 3 4+ Graduate? Yes No

Employment History: List your work experience beginning with your most recent positions.

Employer Name: _____ Phone: _____
 Address: _____
 Supervisor: _____ May we contact? _____ Are you eligible for rehire? _____
 Employment dates (Mo/Yr) _____ through _____
 Job Title _____
 Reason for leaving? _____
 Full-time _____ or Part-time _____ (_____ hrs / wk) Final Monthly Salary: \$ _____
 Describe your main duties: _____

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Describe your main duties: _____

References (List three persons whom we may contact regarding your work performance)

Name	Address	Phone	Organization Occupation

(Please read carefully before signing.)

I certify that all the information provided by me in this application is true and complete. I understand that any misstatement, falsification, or omission of information is grounds for refusal to hire or, if I am hired and the same is discovered thereafter, termination.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages that may result from furnishing such information to you.

I authorize you to request, receive, and verify all information given on this application and I release you and any employer providing the information from all liability from any damages that may result from your doing so.

I further acknowledge that if I am employed, my employment will be at-will and may be terminated with or without cause and with or without notice at any time by me or by the employer. I understand that my employment is for no specific duration.

I agree to conform to the rules and regulations of the employer. I acknowledge and agree that my employment and compensation can be modified or terminated at any time with or without cause. I understand that no manager or representative of the employer [other than (e.g. the President)] has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, either before commencement of employment or after I have become employed.

Print Name: _____
 First Last

Signature: _____ Date: _____