



Bluespring Behavioral Health
LLC

Bluespring Behavioral Health, LLC

630 Pleasant Grove Road

Mt. Juliet, TN 37122

615.823.4041 info@bluespringaba.com

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

How did you hear about this position? _____

Do you have a valid driver's license? YES NO Are you legally authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Due to the nature of the work we do with children, we will conduct a thorough criminal background history on any applicant who is made an offer of employment. I Acknowledge

Education

High School: _____ Address: _____

Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

Did you graduate? YES NO Degree: _____

Certificate: _____ Issuer/Expiration: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Email/Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Email/Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Email/Phone: _____

Address: _____

Disclaimer and Signature

Bluespring Behavioral Health is an equal opportunity employer. Bluespring does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service. I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Bluespring to hire me. If I am hired, I understand that either Bluespring or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Bluespring has the authority to make any assurance to the contrary. I attest with my signature below that I have given to Bluespring true and complete information on this application. No requested information has been concealed. I authorize Bluespring to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature: _____ Date: _____