



CENTER FOR BEHAVIORAL HEALTH

APPLICATION FOR EMPLOYMENT

This application is active for a period not to exceed 180 days from the signature date. It will not be considered beyond that time without express instructions in writing to do so.

Prospective employees will receive consideration without regard to race, gender, sexual orientation, national origin, age, citizenship, religion, veteran status or disability.

Position Applying For: _____ Date _____

Have you ever been employed by CBH in the past? Yes No

If so, indicate dates of employment: _____

PERSONAL

Name: _____
First Name Middle Last

Current Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Social Security: _____

How did you learn about the position for which you're applying (website, specific newspaper, employee)? _____

Are you related to anyone who currently works at the Center for Behavioral Health? Yes No

If Yes, what is your relationship to this person? _____

Do you have a legal right to work in the US? Yes No

Have you been convicted of a felony in the last 7 years? Yes No

Are you available for full-time work? Yes No

If No, what hours can you work? _____

When will you be available to begin work? _____

How did you learn about CBH? _____

If any of your employment or school records are in another name, please specify: (Please print) _____

EDUCATION

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	YES NO	
COLLEGE			1 2 3 4	YES NO	
COLLEGE			1 2 3 4	YES NO	
GRADUATE SCHOOL			1 2 3 4	YES NO	
BUSINESS TRADE OTHER			1 2 3 4	YES NO	

Membership in professional or civic organizations (exclude those which may disclose your age, race/ethnicity, religion or national origin): _____

EMPLOYMENT HISTORY

Provide complete full-time and part-time employment history (including military service and volunteer work) for the past 10 years (use back side of application, if needed).
Start with present or most recent employer.

1. Company name _____ Telephone _____
 Address _____ Employment dates _____
 Name of supervisor _____ Salary _____
 Job Title and Work Description _____
 Reason for leaving _____

2. Company name _____ Telephone _____
 Address _____ Employment dates _____
 Name of supervisor _____ Salary _____
 Job Title and Work Description _____
 Reason for leaving _____

3. Company name _____ Telephone _____
 Address _____ Employment dates _____
 Name of supervisor _____ Salary _____
 Job Title and Work Description _____
 Reason for leaving _____

4. Company name _____ Telephone _____
 Address _____ Employment dates _____
 Name of supervisor _____ Salary _____
 Job Title and Work Description _____
 Reason for leaving _____

EXPLAIN ANY GAPS OF UNEMPLOYMENT BETWEEN JOBS _____

We may contact the employers listed above unless indicated otherwise.

***Do Not Contact employer number (s):** _____

Reason _____

COMPUTER LITERACY

Please assess your level of computer literacy by checking the appropriate box:

Microsoft Windows:	Basic	Intermediate	Advanced
Microsoft Word:	Basic	Intermediate	Advanced
Microsoft Excel:	Basic	Intermediate	Advanced
Microsoft Access:	Basic	Intermediate	Advanced

Other software Skills and Level: _____

PROFESSIONAL LICENSE & CERTIFICATION

Psychiatrists: Medical License# _____ State(s) _____

Board Certification (s) _____ DEA# _____

Psychologist: HSPP Certification? (Yes/No) _____

License # _____ State(s) _____

Social Workers/Counselors:

LSCW # _____ LMHC# _____ LMFT# _____

LPN/RN: License# _____ State(s) _____

Specialty Area/Certification (s):

PROFESSIONAL OR BUSINESS REFERENCES

NAME / ADDRESS	OCCUPATION	RELATIONSHIP	TELEPHONE
1.			()
2.			()
3.			()
4.			()

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I certify that all information is true and understand that any misrepresentation or willful omission of the factors provided will constitute sufficient reason for the rejection of my application or for immediate discharge.

I consent to a criminal background check and, if applicable, a motor vehicle record check and authorize the release of this information for employment purposes to the Center for Behavioral Health. I further release the Center for Behavioral Health, and anyone acting on its behalf, from any and all claims or liabilities, of any nature, arising from or related to the preparation of the information contained in the criminal background reports, and the disclosure of such information for employment purposes.

All employment relationships, unless otherwise stipulated in writing, are considered terminable at will. That is, at any time, either the employee or the Center may terminate the relationship in accordance with Indiana State Law and with Center policy. Termination from the Center may occur through resignation, dismissal, reduction in force or retirement.

I understand that an offer of employment can only be valid if extended by the CEO of the Center for Behavioral Health or his / her designee.

I understand that this application is not a contract for employment.

Signature _____ Date _____