

Charlotte Behavioral Health Care (CBHC)

1700 Education Avenue, Punta Gorda, FL 33950

PHONE (941) 639-8300; FAX (941) 639-6831

Application for Employment

Please print clearly in ink. Please contact the Human Resources Department if you require any reasonable accommodation in the application or hiring process. Today's Date _____

PERSONAL DATA

Name: Last: _____ First: _____ Middle: _____

List any other name(s) under which you have been employed: _____

Address: (Street, City, State ZipCode) _____

Preferred Name or Nickname: _____

Day Phone Number: () _____ Evening Phone Number: () _____

Social Security No. _____ Are you legally authorized to work in the United States? Yes No
(If hired, you will be required to submit proof of your identity and legal work authorization as a condition of employment.

CBHC will E-verify your eligibility to work in the United States.)

How or by whom were you referred? _____

Position Desired: 1) _____ 2) _____

Have you ever been employed by CBHC? Yes No If yes, give dates and location employed: _____

Have you applied here before? Yes No If yes, give date(s): _____

If hired and under 18, can you furnish a work permit? Yes No I am over 18.

If applicable: Military Service Status: Active Inactive Branch: _____

Do you have any relatives and/or friends employed at CBHC? Yes No

If yes, give name and location employed: _____

Do you have specific salary requirements? Yes No If yes, please indicate: _____

EDUCATION

High School: Name _____ City, State _____

Circle highest grade completed: High School 9 10 11 12 College 13 14 15 16 17

Diploma or GED: Yes No

College (List all whether or not degree was obtained)

Name	Address	Major	Minor	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Academic honors, awards, or special recognition _____

Extra-curricular activities _____

Other night school, correspondence, home study or courses not listed above (attach certificates, if available)

Do you have any objection to our contacting your previous schools? Yes No If yes, explain: _____

EMPLOYMENT DATA

Date available for work: _____ Total hours available per week: _____

Type of hours: Full Time Part Time
 Days Evenings Nights Weekends

Will you work overtime, if necessary? Yes No If yes, how many hours per week? _____

Are there any days or hours you are unable or unwilling to work? Yes No If yes, write specifics below:

CBHC Program Desired: Outpatient Crisis Stabilization Unit (CSU) Group Residential Treatment Services (GRTS)
 Other _____

Do you have transportation to/from work? Yes No

Can you perform all job-related functions with or without reasonable accommodation? Yes No If no, please explain: _____

Do you have a valid Florida Driver's License? Yes No Class: _____

Are you willing to use your personal vehicle in job-related activities (mileage reimbursed)? Yes No

WORKING SKILLS

If applicable, please check all the areas in which you have had work experience:

- | <u>Nursing</u> | <u>Mental Health</u> | <u>Medical Experience</u> | <u>Office Experience</u> | <u>Maintenance</u> |
|---------------------------------------|--|--|--|---|
| <input type="checkbox"/> CNA | <input type="checkbox"/> Case Mgr. | <input type="checkbox"/> Medical Records | <input type="checkbox"/> Accounting | <input type="checkbox"/> Computer+ <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Plumber |
| <input type="checkbox"/> Medical Tech | <input type="checkbox"/> Counselor | <input type="checkbox"/> Admitting Clerk | <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Payroll <input type="checkbox"/> Carpenter <input type="checkbox"/> Other |
| <input type="checkbox"/> LPN | <input type="checkbox"/> Therapist | <u>GRTS/Dietary</u> | <input type="checkbox"/> Mailing Clerk | <input type="checkbox"/> Cashier <input type="checkbox"/> Electrician |
| <input type="checkbox"/> RN | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Cook | <input type="checkbox"/> Personnel | <input type="checkbox"/> Data Entry <input type="checkbox"/> General Maintenance |
| <input type="checkbox"/> ARNP | | <input type="checkbox"/> Server | <input type="checkbox"/> Receptionist | <input type="checkbox"/> Record Filing <input type="checkbox"/> Groundskeeper |
| | | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Switchboard | <input type="checkbox"/> Insurance <input type="checkbox"/> Painter/Plasterer |

+List software with which you are familiar: _____

BACKGROUND INFORMATION

Have you ever been arrested and/or convicted of a crime? If so, provide the details of the type of crime, the date of conviction, and the penalty imposed.

Have you ever been a defendant sued in a civil action for an intentional tort, including assault, battery, slander, libel, false imprisonment, or others? If so, please describe the nature of the intentional tort and the outcome of the lawsuit.

Have you even been accused, disciplined or fired from any job because of alleged improper conduct toward another person? If so, please provide the details of the accusation, discipline or firing, including the nature of the offense, the date and the outcome.

PROFESSIONAL AND TECHNICAL LICENSURE AND/OR CERTIFICATION

Are you currently licensed, certified or registered? Yes No Eligible? Yes No

NOTE: If yes, verification from the primary source will be required.

Profession in which you are licensed, registered or certified: _____

Professional title or society abbreviation (LCSW, LMHC, RN, etc.) _____

Original Registration, Certification, License No. _____ Registration No. _____ Date _____

Florida Registration, Certification, License No. _____ Registration No. _____ Date _____

Other State(s) _____ Registration(s) No(s). _____ Date(s) _____

If one is pending: Type _____ Approximate date of receipt _____

EMPLOYMENT RECORD INFORMATION

Please complete in full even though you may have a resume. You may include military service and any verifiable work performed on a volunteer basis. Start with current or most recent employment or experience.

1. Current/Last Employer _____ Employment Dates _____
Type of Business _____ Job Title _____
Address _____ Salary _____ per _____
Supervisor's Name _____ Bonus/Incentive _____
Duties/Responsibilities _____ Reason for Leaving _____
Co. Phone Number () _____
May we contact? Yes No

2. Prior Employer _____ Employment Dates _____
Type of Business _____ Job Title _____
Address _____ Salary _____ per _____
Supervisor's Name _____ Bonus/Incentive _____
Duties/Responsibilities _____ Reason for Leaving _____
Co. Phone Number () _____
May we contact? Yes No

3. Prior Employer _____ Employment Dates _____
Type of Business _____ Job Title _____
Address _____ Salary _____ per _____
Supervisor's Name _____ Bonus/Incentive _____
Duties/Responsibilities _____ Reason for Leaving _____
Co. Phone Number () _____
May we contact? Yes No

Have you ever been involuntarily terminated from any previous employment? Yes No

If yes, please explain: _____

List any other training/education/CEU/seminars attended (attach certificates, if available): _____

List any other work-related accomplishments not otherwise indicated: _____

SIGNATURE

READ CAREFULLY BEFORE SIGNING:

1. I understand that the receipt of this application does not imply that I will be employed.
2. The statements and information furnished by me in this application are true and complete. I understand that I will be subject to immediate dismissal or refusal to hire if at any time CBHC discovers any material falsification, omission, or misrepresentation of fact in this application.
3. I authorize CBHC to conduct a background inquiry to verify the statements and information on this application, other documentation that I have provided, and other areas that may include prior employment, criminal convictions, motor vehicle history, and other reports. I agree to be fingerprinted at agency expense as a part of this background inquiry. I hereby authorize the Registrar/Placement Office to release an official copy of my academic transcript(s) and, if available, faculty appraisals. I authorize all licensing/certifying/registering agencies to release an official copy of my license/certification/registration and full information concerning my licensure status and licensure history, as applicable. I authorize all previous employers or other persons who have knowledge of me, or my records, to release such information to CBHC. I hereby release any individual, agency, and CBHC from all claims or liabilities whatsoever that may arise from the disclosure of such information.
4. I understand that any offer of employment with CBHC may be contingent upon my successful completion of any post-offer pre-employment physical examination at agency expense that CBHC may require. I also understand and agree that I will be required to undergo and successfully pass screening tests for tuberculosis as well as alcohol and/or drugs during the hiring process at my own expense. If employed, additional tuberculosis and drug screening tests required by CBHC will be paid by CBHC. CBHC HR Policy 100-021 defines when an employee may be required to be tested, which includes involvement in an accident while at work, and also the consequences of refusing to be tested.
5. I understand and agree that if I am offered employment by the facility, my employment will be for no definite term and that either I, or the facility will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice.
6. I understand that I will be required to sign "Confidentiality Statement(s)," an "Affidavit of Good Moral Character," and a statement that I agree to abide by the CBHC Code of Ethics and Code of Conduct as a condition of my employment. I further understand that I may be required, depending upon my position, to sign a non-compete agreement as a condition of my employment.

My Signature Certifies That I Have Read And Agree With The Above Statements.

Signature: _____ Date _____

Charlotte Behavioral Health Care, Inc. (CBHC) is a drug free work place and an equal opportunity employer. It is a policy of CBHC to extend equal employment opportunity to all individuals regardless of sex, age, race, color, marital status, religious beliefs, national origin, physical/mental disability, or military status.

REFERENCES

Name: _____

Date: _____

Position Applied For: _____

Location: _____

Professional References

Please list three professional references who can verify your work history and performance. References should not be relatives and at least two must have directly supervised you at some time in your work history.

Please print:

1. **Name of Supervisor** _____ **Title** _____

Company Name and Address _____

Company Phone Number including area code and extension _____

2. **Name of Supervisor** _____ **Title** _____

Company Name and Address _____

Company Phone Number including area code and extension _____

3. **Name of Supervisor** _____ **Title** _____

Company Name and Address _____

Company Phone Number including area code and extension _____

Personal References

Please list three personal references (must not be a relative)

1. **Name and Address** _____

Phone Number including area code and extension _____

Occupation _____

Years Acquainted _____

How do you know this individual? _____

2. **Name and Address** _____

Phone Number including area code and extension _____

Occupation _____

Years Acquainted _____

How do you know this individual? _____

3. **Name and Address** _____

Phone Number including area code and extension _____

Occupation _____

Years Acquainted _____

How do you know this individual? _____