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|--|---------|--------|
| Have you ever been disciplined or counseled for harassment, attendance, or failure to follow policies? | [] Yes | [] No |
| Have you ever been involuntarily terminated, or forced to resign from a position (do not include layoffs)? | [] Yes | [] No |
| Have you ever been convicted of a moving vehicle violation (including speeding tickets & accidents) or had your driver's license suspended or revoked within the past 5 years? | [] Yes | [] No |
| Have you ever been convicted of a crime? | [] Yes | [] No |
| Do you have any pending legal charges? | [] Yes | [] No |
| If you answered "Yes" to any of the above questions, attach an explanation on a separate sheet. | [] Yes | [] No |
| Can you, upon employment, submit verification of your legal right to work in the U.S.? | [] Yes | [] No |
| Are you 18 years of age or older? | [] Yes | [] No |
| If no, do you have a work permit? | [] Yes | [] No |

WORK HISTORY

Beginning with your PRESENT or most recent employment, list in REVERSE ORDER periods of employment. Each time you changed jobs or your title changed, should be listed as a separate period. Describe in detail your specific duties as they relate to the duties of the position for which you are applying. Attach additional sheets if necessary.

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|-----------------------------|---------------|--|---------------------------------------|------------------------------------|---|
| 1. Current or Last Employer | | | Your Official Job Title | | |
| Address | | | Type of Business | | |
| City | | State | Telephone () | | |
| From Mo. Yr. | To Mo. Yr. | If part-time, number of hours per week _____ | Beginning Salary \$ _____ per ____ | Ending Salary \$ _____ per ____ | May we contact employer? [] Yes [] No |
| Name of Supervisor | | | Reason for Leaving | | |
| Describe your Duties | | | | | |
| | | | | | |
| | | | | | |
| 2. Current or Last Employer | | | Your Official Job Title | | |
| Address | | | Type of Business | | |
| City | | State | Telephone () | | |
| From Mo. Yr. | To Mo. Yr. | If part-time, number of hours per week _____ | Beginning Salary \$ _____ per ____ | Ending Salary \$ _____ per ____ | May we contact employer? [] Yes [] No |
| Name of Supervisor | | | Reason for Leaving | | |
| Describe your Duties | | | | | |
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|--|---------------|--|--------------------------------------|-----------------------------------|---|
| 3. Current or Last Employer | | | Your Official Job Title | | |
| Address | | | Type of Business | | |
| City | | State | Telephone () | | |
| From Mo. Yr. | To Mo. Yr. | If part-time, number of hours per week _____ | Beginning Salary \$_____ per ____ | Ending Salary \$_____ per ____ | May we contact employer? [] Yes [] No |
| Name of Supervisor | | | Reason for Leaving | | |
| Describe your Duties | | | | | |
| | | | | | |
| | | | | | |
| 4. Current or Last Employer | | | Your Official Job Title | | |
| Address | | | Type of Business | | |
| City | | State | Telephone () | | |
| From Mo. Yr. | To Mo. Yr. | If part-time, number of hours per week _____ | Beginning Salary \$_____ per ____ | Ending Salary \$_____ per ____ | May we contact employer? [] Yes [] No |
| Name of Supervisor | | | Reason for Leaving | | |
| Describe your Duties | | | | | |
| | | | | | |
| | | | | | |
| 5. Other Employers | | | From Mo. Yr. | To Mo. Yr. | Reason for Leaving |
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| Describe in detail other clinical experience not included previously (including educational training such as clinical practica or internships) | | | | | |
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CREDENTIALS

STATE LICENSES/CERTIFICATES

Here, please list all professional licenses or certificates to practice that you've ever held. Please attach copies of all currently active licenses certificates. If you need additional space, feel free to attach a separate sheet.

| | | | | |
|--|--------------|------------------------------------|---|---|
| 1 | <u>STATE</u> | <u>LICENSE/CERTIFICATE NUMBER.</u> | <u>TYPE (ie., MD, DO, etc.)</u> | <u>Initial License Date</u> |
| <u>Date of Current License</u> | | <u>Expiration Date</u> | <u>Is License/Certificate Active?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No | <u>Do you Currently Practice Under it?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <u>Does your Current License Require Supervision</u> <input type="checkbox"/> Yes <input type="checkbox"/> No | | | <u>If Supervision is required please provide the name of your supervisor.</u> | |
| 2 | <u>STATE</u> | <u>LICENSE/CERTIFICATE NUMBER.</u> | <u>TYPE (ie., MD, DO, etc.)</u> | <u>Initial License Date</u> |
| <u>Date of Current License</u> | | <u>Expiration Date</u> | <u>Is License/Certificate Active?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No | <u>Do you Currently Practice Under it?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <u>Does your Current License Require Supervision</u> <input type="checkbox"/> Yes <input type="checkbox"/> No | | | <u>If Supervision is required please provide the name of your supervisor.</u> | |

List trade, business or civic activities and office held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

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EMERGENCY CONTACT

IN THE EVENT OF AN EMERGENCY PLEASE CONTACT THE FOLLOWING INDIVIDUAL(S)

| | | |
|----------------|-------------------------|---------------------|
| 1. NAME | TELEPHONE NUMBER | RELATIONSHIP |
| | () _____ - _____ | |
| 2. NAME | TELEPHONE NUMBER | RELATIONSHIP |
| | () _____ - _____ | |

Name _____
First Last MI

REFERENCES

List three persons, unrelated to you, who can give information about you (preferably two persons who have supervised your work).

Name _____ Occupation _____ Phone _____
Street Address _____ City _____ State _____ Zip Code _____
How do you know this person? _____

Name _____ Occupation _____ Phone _____
Street Address _____ City _____ State _____ Zip Code _____
How do you know this person? _____

Name _____ Occupation _____ Phone _____
Street Address _____ City _____ State _____ Zip Code _____
How do you know this person? _____

AGREEMENT / INVESTIGATION CONSENT
(Please Read Carefully)

CarePath Behavioral Health, hereafter referred to as "Center" is an equal opportunity employer. Federal law prohibits discrimination in employment practices because of race, color, religion, sex, national origin, citizenship status, age, pregnancy, or disability, if otherwise qualified with or without reasonable accommodation. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, religion, sex, national origin, citizenship status, age, pregnancy, or disability.

I certify that all of the information given by me on this application or in supplemental form is true and correct to the best of my knowledge and belief. I further understand that false or misleading statements or consequential omissions of any kind on this application or supplemental forms are sufficient cause for my not being hired or my dismissal if I am hired.

I understand that I may be tested for controlled or illegal substances and that a positive test result may be grounds for termination and denial of worker's compensation and/or unemployment benefits. Furthermore, I understand that any employee or former employee who makes knowingly false or fraudulent material statements or misrepresentations for the purpose of obtaining worker's compensation benefits may be guilty of a felony.

I understand that any offer of employment will be contingent upon the Center's satisfaction with the results of the following as required for the position for which I am applying: motor vehicle record check, verification of insurability by any one of the Center's insurance companies (excluding health and dental carriers), criminal record/reference check, drug screening, agreement to adhere to the Center's policies and procedures, completion of employment eligibility verification and official transcript or proof of licensure required for the position. The results of any physical examination will be considered for employment purposes only as it relates to the ability to perform the essential job functions of the position for which I might be employed. All results of physical exams are kept confidential.

I agree, understand and authorize that the Center or its agents may investigate my background to ascertain any and all information of concern to my record, whether same is of record or not. I authorize the persons or organizations referenced in this application to give the Center 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 areas covered by this application. I release all such parties from all liability for any damage to me, my heirs or family that may result from furnishing such information to the Center

It is agreed and understood that this Application for Employment in no way obligates the Center to employ me. If employed, I agree and understand that my employment is for no definite duration and may be terminated at-will by either the Center or me. It is agreed and understood by me that participation in any of the benefit programs of the Center does not create a contract of employment for a definite period of time. Additionally, the Center's Personnel Manual or any statement of Center policy is not a contract and cannot create a contract of employment for any definite duration.

In the event of my employment, any Center materials entrusted to me during the course of my employment will be returned to the Center on the last day of my employment, whether I resign or am terminated. I agree and understand, that should I be employed, I will not at any time or in any manner, either directly or indirectly, divulge, disclose, or communicate to any person, agency or corporation any matters affecting or relating to the business of the Center, including without limiting the generality of the foregoing, any of its consumers or customers, its services or products, its manner of operation, its plans, and any other "proprietary information". I understand that I will be asked to sign a confidentiality agreement consistent with this paragraph as a condition of employment.

This certifies that this application was completed by me, and all entries on it and information in it are true and complete, to the best of my knowledge.

Signature of Applicant

Date

Witness

Date

Interview Scheduled for _____ (Date) _____ (Time)

Position _____

Interview Scheduled for _____ (Date) _____ (Time)

Position _____