



## Center for Behavioral Health Application Form Employment/Reference/Education Information

Please fill out form or print neatly using an ink pen. Expect all references to be contacted.  
All responses MUST be emailed to: [careers@centerforbehavioralhealth.com](mailto:careers@centerforbehavioralhealth.com)  
Include your resume and copies of licenses, credentials or other pertinent information.

<b>NAME:</b>	<b>DATE:</b>
<b>ADDRESS:</b>	<b>DATE OF BIRTH:</b>
<b>CITY/STATE/ZIP:</b>	<b>PHONE:</b>
<b>POSITION APPLYING FOR/CENTER LOCATION:</b>	

### Previous Employment

MAY WE CONTACT YOUR CURRENT EMPLOYER?    YES    NO  
If no, please include a professional reference that may be contacted to verify your current employment.

<b>1</b>	<b>CURRENT OR MOST RECENT EMPLOYER:</b>
<b>POSITION:</b>	<b>DEPARTMENT:</b>
<b>DATES OF EMPLOYMENT:</b>	<b>FINAL SALARY:</b>
<b>ADDRESS:</b>	<b>REASON FOR LEAVING:</b>
<b>CITY/STATE/ZIP:</b>	<b>PHONE:</b>
<b>SUPERVISOR:</b>	<b>PHONE:</b>
<b>OTHER SUPERVISOR:</b>	<b>PHONE:</b>

<b>2</b>	<b>CURRENT OR MOST RECENT EMPLOYER:</b>
<b>POSITION:</b>	<b>DEPARTMENT:</b>
<b>DATES OF EMPLOYMENT:</b>	<b>FINAL SALARY:</b>
<b>ADDRESS:</b>	<b>REASON FOR LEAVING:</b>
<b>CITY/STATE/ZIP:</b>	<b>PHONE:</b>
<b>SUPERVISOR:</b>	<b>PHONE:</b>
<b>OTHER SUPERVISOR:</b>	<b>PHONE:</b>

<b>3</b>	<b>CURRENT OR MOST RECENT EMPLOYER:</b>
<b>POSITION:</b>	<b>DEPARTMENT:</b>
<b>DATES OF EMPLOYMENT:</b>	<b>FINAL SALARY:</b>
<b>ADDRESS:</b>	<b>REASON FOR LEAVING:</b>
<b>CITY/STATE/ZIP:</b>	<b>PHONE:</b>
<b>SUPERVISOR:</b>	<b>PHONE:</b>
<b>OTHER SUPERVISOR:</b>	<b>PHONE:</b>

## Professional References

People with whom you have worked with are preferable. Please do not list relatives. Do not repeat people listed above.

<b>NAME/RELATIONSHIP:</b>	<b>PHONE:</b>
<b>NAME/RELATIONSHIP:</b>	<b>PHONE:</b>
<b>NAME/RELATIONSHIP:</b>	<b>PHONE:</b>

## Education History

Please indicate the highest level or most significant event in your educational history.

<b>NAME OF INSTITUTION:</b>	<b>ATTENDANCE DATES:</b> to
<b>CITY/STATE/ZIP:</b>	<b>GRADUATION DATE:</b>
<b>DEGREE:</b>	
<b>MAJOR:</b>	
<b>NAME USED DURING ATTENDANCE:</b>	

## Professional License/Certification

<b>NUMBER:</b>
<b>TYPE:</b>
<b>ISSUING AGENCY:</b>

## DEA Required Questions

As required by 21 CFR §1301.90, please respond to the following questions:

<p>Within the past five years, have you been convicted of a felony, or within the past two years, of any misdemeanor or are you presently formally charged with committing a criminal offense? (do not include any traffic violations, juvenile offenses or military convictions, except by general court-martial.)</p> <p>Yes (If the answer is yes, furnish details of conviction, offense, location, date and sentence on a separate page)</p> <p>No</p>
<p>In the past three years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician?</p> <p>Yes (If the answer is yes, furnish details on a separate page)</p> <p>No</p>
<p>Be advised that any false information or omission of information will jeopardize your position with respect to employment. Any information you provide in response to these questions will not necessarily preclude employment, but will be considered as part of an overall evaluation of your qualifications. Center for Behavioral Health maintains fair employment practices and protects the privacy of its employees. Information you have provided in response to these questions will be treated as confidential.</p>

## Answer the Following Questions

1. Describe any accomplishment that has given you the most satisfaction in school, career or community.

2. Describe any event/activity that has presented the most challenge to you in school, career or community.

3. If you had the opportunity to learn something new, what would it be and why?

4. Describe something in your present job that you changed and why?

5. What periodicals or trade journals do you read to maintain your skills?