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| Constellations Behavioral services  Employment Application  Instructions: Email this fully completed application along with your resume, cover letter and copy of your highest degree earned, if applicable, to the following email address. [terry@constellationsbehavioral.com](file:///C:\Users\Scott\Dropbox\_Constellations%20Shared%20Drive%20(Info@)\_HR%20Forms%20&%20Policies\Hiring%20Policy\terry@constellationsbehavioral.com) |  |

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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name |  | | | | | | | | | | | | First | |  | | | | | | | M.I. | | | | |  |
| Street Address | | |  | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | |  | |
| City | |  | | | | | | | | | | | State | |  | | | | | | | ZIP | | | | |  |
| Phone | |  | | | | | | | | | | | E-mail Address | | | |  | | | | | | | | | |
| Date Available | | |  | | | | | | | | | How Did You Hear of CBS? | | |  | | | | | | Desired Salary | |  | | | |
| Position Applied for and location (NH or MA) | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | | | | | | | | YES | | | NO | If no, are you authorized to work in the U.S.? | | | | | | | | | YES | | NO |
| Have you worked with or for CBS before? | | | | | | | | | | | YES | | | NO | If yes, explain | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School |  | | | | | | | | | | | | | Address |  | | | | | | | | | | | |
| Did you graduate? | | | | YES | | | NO | | Degree or certification | | | | |  | | | | | | | | | | | | |
| College or University | |  | | | | | | | | | | | | Address |  | | | | | | | | | | | |
| Did you graduate? | | | | YES | | | NO | | Degree or certification | | | | |  | | | | | | | | | | | | |
| Other | |  | | | | | | | | | | | | Address |  | | | | | | | | | | | |
| Did you graduate? | | | | | YES | | | NO | | Degree or certification | | | |  | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list three professional references who can speak to your behaviors and efforts in the work place. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name |  | | | | | | | | | | | | | | | Relationship | | | |  | | | | | | |
| Company |  | | | | | | | | | | | | | | | Email | | |  | | | | | | | |
| Address |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Full Name |  | | | | | | | | | | | | | | | Relationship | | | |  | | | | | | |
| Company |  | | | | | | | | | | | | | | | Email | | |  | | | | | | | |
| Address |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name |  | | | | | | | | | | | | | | | Relationship | | | |  | | | | | | |
| Company |  | | | | | | | | | | | | | | | Email | | |  | | | | | | | |
| Address |  | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Previous Employment | | | | | | | | | | | | | | | |
| Company | | |  | | | | | | | Phone |  | | | | |
| Address | |  | | | | | | | | Supervisor | |  | | | |
| Job Title | |  | | | | | | | | | | | | | |
| Responsibilities | | | | |  | | | | | | | | | | |
| From |  | | | | To | |  | Reason for Leaving |  | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | YES | NO |  | | | | |
|  | | | | | | | | |  |  |  | | | | |
| Company | | |  | | | | | | | Phone |  | | | | |
| Address | |  | | | | | | | | Supervisor | |  | | | |
| Job Title | |  | | | | | | | | | | | | | |
| Responsibilities | | | | |  | | | | | | | | | | |
| From |  | | | | To | |  | Reason for Leaving |  | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | YES | NO |  | | | | |
| Certifications, Training & Professional LICENsE (BACA, Behavior Tech, crisis mgmt ETC…) *(You need not disclose membership in professional organizations that may reveal information regarding any protected status including but not limited to: race, color, creed, gender, religion, national origin, ancestry, age, disability, marital status, veteran status, genetics)* | | | | | | | | | | | | | | | |
| Type: | |  | | | | | | | | | | Date: |  |  | |
| State / Organization: | | | | | |  | | | | | | Expiration Date: | | |  |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Type: |  | | Date: |  |  | | | State / Organization: | |  | Expiration Date: | | |  | | | | | | | | | | | | | | | | |
| Disclaimer and Signature | | | | | | | | | | | | | | | |
| I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Constellations Behavioral Services to verify their accuracy and to obtain reference information on my work performance. I hereby release Constellations Behavioral Services from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.  I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.  I understand that should an employment offer be extended to me and accepted, it will be conditioned upon the successful outcome of pre-employment screenings that may include, but are not limited to, drug screening, state and federal criminal felonies, and convictions applicable for the position. These screenings will be determined based on state and federal guidelines.  Further, I acknowledge that I will fully adhere to the policies, rules, and regulations of employment of the Employer. However, I further understand that neither the policies, rules, and/or regulations of employment, or anything said during the interview process, shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I nor the Employer may terminate my employment at any time with or without notice or cause. | | | | | | | | | | | | | | | |
| Signature | | | |  | | | | | | | | | Date |  | |