



Professional Certification: State: \_\_\_\_\_ Type: \_\_\_\_\_ Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Official transcript attached:  Yes  No

**GENERAL**

Subject of special study, research work or publications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you fluent in other languages besides English?  Yes  No Specify: \_\_\_\_\_

Activities (Civic, athletic, etc.) \*exclude organizations, the name of which indicates the race, religion, creed, sex, age, marital status, color or nation of origin of its members: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

U.S. Military Service: \_\_\_\_\_

Discharge Rank: \_\_\_\_\_

Date and type of discharge: \_\_\_\_\_

Present membership in National Guard/Reserves:  Yes  No If yes, what rank? \_\_\_\_\_

**FORMER EMPLOYERS STARTING WITH LAST ONE FIRST**

Employed with: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_ Reason Left: \_\_\_\_\_

Describe duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed with: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_ Reason Left: \_\_\_\_\_

Describe duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed with: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_ Reason Left: \_\_\_\_\_

Describe duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed with: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_ Reason Left: \_\_\_\_\_

Describe duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed with: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_ Reason Left: \_\_\_\_\_

**PINES BEHAVIORAL HEALTH SERVICES**  
**Application For Employment**

Describe duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE: YOU ARE REQUIRED TO LIST THE NAME OF 2 CURRENT SUPERVISORS AS A REFERENCE**

**SUPERVISOR:**

Name: \_\_\_\_\_ Firm: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**SUPERVISOR:**

Name: \_\_\_\_\_ Firm: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**PROFESSIONAL**

**PERSONAL**

Name: \_\_\_\_\_ Firm: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**PROFESSIONAL**

**PERSONAL**

Name: \_\_\_\_\_ Firm: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**AUTHORIZATION & WAIVER**

I hereby certify that the information I have provided verbally and on my application and accompanying resume and documents, if any, is true and complete. I have not knowingly withheld any information that might, if disclosed, effect my application unfavorably. I understand and agree that any information provided by me, either written or verbal, which proves to be false or misleading or incomplete, may prevent me from being hired, or, if hired, may be grounds for discipline or dismissal from employment if discovered at a later date.

I authorize Pines Behavioral Health Services ("PBHS") to make any investigation into my background deemed necessary, including but not limited to investigation and verification of references, educational transcripts and records, employment records, disciplinary information, and criminal conviction history. I authorize all references, previous employers, schools, educational institutions, military organizations and other persons having information about me to release to PBHS any and all information and opinions concerning me, personal or otherwise, whether or not such information is part of their written records, including disciplinary, academic, service or performance records, without providing me notice of such release. I also authorize and request federal, state and local government agencies to release to PBHS any information requested concerning any criminal convictions on my record. Without limitation, I release all parties mentioned in this paragraph from any and all liability and damages for releasing such information. I specifically release PBHS, its governing board, officers, employees and/or agents from any and all claims and/or liability whatsoever for any damages or consequences which any result from its investigation of me. A photocopy of this signed authorization and waiver shall be as valid as an original.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_