



**Connecticut Behavioral Health Associates, P. C.**

**Application for Employment**

We are an Equal Opportunity Employer. It is the Company’s policy to make all employment decisions without regard to age, race, color, religion, national origin, sex, disability, veteran status, marital status or any other protected status in accordance with local, state or federal law.

<b>Position Applied for:</b>	<b>Date of Application:</b>
<b>Name – Last, First &amp; Middle Name</b>	<b>Phone Number:</b>
<b>Address – Number &amp; Street</b>	<b>Social Security Number:</b>
<b>City, State &amp; Zip code</b>	

**U.S. Citizen?**       **YES**       **NO**

If hired, can you furnish proof that you are legally permitted to work in the U.S.?       **YES**       **NO**

Date available for work: \_\_\_\_\_

Are you under 18 years of age?       **YES**       **NO**

If no, can you furnish a work permit?       **YES**       **NO**

If no, please explain: \_\_\_\_\_

Have you ever been convicted of a crime?       **YES**       **NO**

If yes, please provide dates and details: \_\_\_\_\_

Conviction record would not necessarily bar employment opportunities. Factors such as age and time of offense, seriousness and nature of the violation and rehabilitation will be taken into account.

**Education**

	<b>Name &amp; Location</b>	<b># of Years Completed</b>	<b>Did you graduate?</b>	<b>Subject Studied &amp; Degree Received?</b>
<b>High School</b>				
<b>College</b>				
<b>Other</b>				



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**Employment History**

<b>Dates Worked</b>	<b>Name, Address &amp; Telephone Number of Employer</b>	<b>Pay Rate</b>	<b>Position Held</b>	<b>Immediate Supervisor</b>	<b>Reason for Leaving</b>
<b>From</b> / /					
<b>To</b> / /					
<b>From</b> / /					
<b>To</b> / /					
<b>From</b> / /					
<b>To</b> / /					

**References**

<b>Name</b>	<b>Address</b>	<b>Business</b>	<b>Telephone</b>	<b>Years Known</b>

List any additional information you would like us to consider:

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I certify that all information given by me on this application is correct, true and complete. I understand that falsification of any information on this application may be considered sufficient cause to cancel further consideration of this application or immediate discharge from the employer's service.

I understand that if I am hired, I am free to end the employment relationship at any time for any reason. However, the company also reserves its right to terminate the employment relationship at any time, for any lawful reason.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the U.S.A. I certify that I have read, fully understand and accept all the terms of the employment application.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**Criminal Background Check Release**

In conjunction with my application for employment at CBHA, I understand that you intend to obtain a full Criminal Background Report.

_____		_____ / _____ / _____		
<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Social Security Number</b>	
_____		_____		
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Date of Birth</b>
_____		_____		_____
<b>Driver's License Number</b>			<b>State Issued</b>	
_____			_____	
<b>Previous or Maiden Name (if applicable)</b>			<b>Telephone Number</b>	
_____			_____	

List all states and counties of residence other than above, for the past seven (7) years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that you may rely on any or all of the above referenced information in determining my eligibility to work at CBHA. I understand that I will not be given a copy of this report and any offer of employment is contingent on full disclosure of any criminal convictions.

I have read the above disclosure and I hereby authorize CBHA to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. A photocopy or facsimile of this authorization shall be as valid as the original.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_