

## CenterPointe, Inc. Application

(Complete in **Black Ink**)

CenterPointe, Inc., is an equal opportunity employer and does not unlawfully discriminate on the basis of race, sex, age, color, religion, national origin, disability status, or any other basis prohibited by federal, state or local law.

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Phone (\_\_\_\_) \_\_\_\_\_ Message Phone (\_\_\_\_) \_\_\_\_\_

Have you been known by another name? No \_\_\_\_\_ Yes \_\_\_\_\_. If yes, please list other names \_\_\_\_\_

### PROFESSIONAL INFORMATION

Designate, in order of preference, the type of position for which you are applying:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### REFERENCES

Please list three (3) of your most recent references, including supervisors with whom you have worked who could be contacted to provide first-hand knowledge of your professional ability and character.

Name	Address	Home Phone	Work Phone	Official Position

### EDUCATION

Name of Institution City and State	Dates Attended Mo/Yr to Mo/Yr	High School Diploma/ GED Earned		

### WORK EXPERIENCE

<b>Employer's Name, Address and Phone</b>	<b>Position and Wage</b>	<b>Dates of Employment</b>	<b>Job Title/Supervisor</b>	<b>Reason for Leaving</b>

<b>OTHER EXPERIENCE</b> (Include military/Peace Corps/VISTA)				
<b>Employer</b>	<b>Address</b>	<b>Phone No.</b>	<b>Position</b>	<b>Dates of Service</b>

**CERTIFICATION OR LICENSES**

Enclose copies of all current professional certificates or licenses you hold.

<b>Type</b>	<b>Number</b>	<b>Date Issued</b>	<b>Expiration Date</b>	<b>Endorsements</b>

## PERSONAL INFORMATION

1. Do you presently have a contractual association with any other health care provider (e.g. under contract, on leave)? If yes, please explain:
2. Have you previously been employed by or applied to CenterPointe, Inc.? If yes, please indicate during which year(s) and, if employed, in what capacity, and under what name:
3. Can you perform the essential functions of the position or positions for which you are applying with or without reasonable accommodation? (See Job Description) Yes \_\_\_\_ No \_\_\_\_
4. Are you able to reach, lift and maneuver weights up to 50 lbs.; stand for long periods of time; walk and move rapidly; bend, twist and turn frequently? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Have you been convicted of any criminal offense within the past 10 years? \_\_\_\_\_. Have you been convicted of any criminal offense involving a minor? \_\_\_\_\_. If yes to either question, please explain through attachment. Include the nature of the offense, date, and the name of the court in your description of the conviction. (A record of conviction will not automatically bar you from employment.)
6. Have you ever had a certificate or professional license revoked, suspended or denied, or have you voluntarily relinquished a certificate or professional license to avoid revocation procedures? Yes \_\_\_\_ No \_\_\_\_\_. If so, name of state \_\_\_\_\_ and date.
7. Do you have a valid driver's license? Yes \_\_\_\_ No \_\_\_\_
8. Have you ever been excluded or suspended from any federally funded health care program, including Medicare or Medicaid, or been convicted of any health care related crime? Yes \_\_\_ No \_\_\_\_ If Yes, please provide a full description of each incident:
9. Please list any health care or related business in which you or a member of your immediate family (husband, wife, parent, child, sibling, grandparent, grandchild, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law) hold an ownership interest:
10. Are you authorized to work in the United States? Yes \_\_\_\_ No \_\_\_\_\_. (Documentation of authorization to work in the U.S. will be required if an offer of employment is made and accepted)
11. Give the names and relationships of any relatives you have working for CenterPointe, Inc.
12. Provider Identification Number (if applicable):
13. Do you have an ownership interest in any provider of behavioral health services to individuals under the age of eighteen (18)? No \_\_\_\_\_ Yes, please explain \_\_\_\_\_

**GENERAL INFORMATION**

**PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION**

I certify that the statements in this application are true and accurate. I authorize CenterPointe, Inc., to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and CenterPointe, Inc., from any and all liability arising from their giving or receiving information about my employment history, my credentials, professional licenses or qualifications, and my suitability for employment with CenterPointe, Inc.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my criminal history, credentials or professional licensure, employment references and background. I further understand that any false or misleading statements will result in rejection of my application if CenterPointe, Inc., has not employed me and immediate dismissal if CenterPointe, Inc., has employed me. I also authorize CenterPointe, Inc., to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having a legal and proper interest, and I hereby release CenterPointe, Inc., from any and all liability for its providing this information.

I understand that nothing in this employment application, in CenterPointe, Inc.'s policy statements or personnel guidelines, or in my communications with any of CenterPointe, Inc., management personnel, is intended to create an employment contract between CenterPointe, Inc., and me. I also understand that CenterPointe, Inc., has the right to modify its policies without giving me any advance notice of the changes. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon CenterPointe, Inc., unless it is made in writing and signed by CenterPointe, Inc. I understand that if an employment relationship is established, I have the right to terminate my employment relationship at any time for any reason. I also understand that CenterPointe, Inc., retains the right to terminate my employment at any time for any reason.

I hereby acknowledge that I have read and understand the preceding statement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date