

Sunshine Behavioral Medicine

101 South Jefferson
Street Suite C
Pensacola, FL 32502

Date:

TO:

Dear Applicant:

Thank you for your interest in working with Sunshine Behavioral Medicine.

To help us provide a safe, secure, drug and alcohol free environment for all our associates and patients, we require all potential new associates be tested for illegal drugs as well as pass a thorough pre-employment background screening.

All employment offers are contingent on the satisfactory results of pre-employment background screenings and upon the satisfactory results of a pre-employment drug screening.

Pre-employment background screenings will be conducted by an independent third-party screening service.

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- You must ACCURATELY list all employer and reference names with COMPLETE contact information including telephone numbers, job titles, pay rates, reason for leaving, and CORRECT and COMPLETE dates of employment.
 - You must authorize Sunshine Behavioral Medicine to obtain information from your references and previous employers (with the exception of your current employer, if presently employed).
 - You must FULLY complete EACH section of the Employment Application.

IF YOU PROVIDE INCOMPLETE, INACCURATE OR FALSE INFORMATION ON YOUR EMPLOYMENT APPLICATION, YOU WILL NOT BE CONSIDERED FURTHER FOR EMPLOYMENT.

Again, thank you for your interest in employment with Sunshine Behavioral Medicine.

Sunshine Behavioral Medicine is an Equal Opportunity Employer and a Drug Free Workplace

Sunshine Behavioral Medicine	APPLICATION FOR EMPLOYMENT	Position(s) applied for: _____
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Personal Information: Please complete all information, even if you attach a resume.

Name (Last, First, MI)			Social Security Number - -	
Street Address		City		State
Home Phone	Business Phone	Other Phone		Zip
How did you hear about this opportunity?			Other names you have used	
Are you willing to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings		When could you start work? ____/____/____		Desired Salary: \$_____ Hourly / Annually
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: If hired, you will be required to provide documents with your current name to establish identity and authorization to work in the United States.				
Are you related to any employee of Sunshine Behavioral Medicine? Yes / No If yes, who:			Have you ever been employed by Sunshine Behavioral Medicine? Yes / No When:	
Have you ever been convicted of a felony or misdemeanor? Yes / No If yes, explain: _____				
(A conviction will not necessarily disqualify you from employment but is reviewed for relevancy to the job you are applying for.)				
Have you ever had a professional license revoked or suspended? _____ If yes, why?				

Professional Licenses/Certifications

Type	State	Expiration Date	Registration Number

Education Information

High School or GED	Address, City, State, ZIP	Diploma/Certificate: Yes / No	
College	Address, City, State, ZIP	Degree Yes / No Type:	Major
College	Address, City, State, ZIP	Degree Yes / No Type:	Major
Graduate School	Address, City, State, ZIP	Degree Yes / No Type:	Major
Other	Address, City, State, ZIP	Degree Yes / No Type:	Major

General

What business equipment can you operate? (computers, fax, etc.)	In what computer software programs are you proficient ? [Name the package(s).]
What knowledge, skills, and abilities do you possess that qualify you for this position?	

References (Please list 3 references that are familiar with your work history)

Name	Title/Occupation	Company/Address	Phone Number
			Work: Home:
			Work: Home:
			Work: Home:

Have you ever filed for unemployment? YES NO

Have you ever had a job related injury? YES NO

Have you ever filed for workers compensation? YES NO

Have you ever filed a complaint or a law suit for sexual harassment? YES NO

Have you ever filed a complaint or lawsuit for any type of discrimination? YES NO

Employment History (List below last four employers, starting with the most recent one first)

1. Name of Company		From Mo/Yr	To Mo/Yr
Street Address		City	State Zip
Job Title: Duties:		Reason for Leaving :	
Starting Salary \$ _____ Hour/Annual	Final Salary \$ _____ Hour/Annual	Bonus \$ _____	Are you still employed? ___ Yes ___ No May we contact your supervisor? ___ Yes ___ No ___ Later
Name of Supervisor		Title and Department of Supervisor	Phone Number of Supervisor
2. Name of Company		From Mo/Yr	To Mo/Yr
Street Address		City	State Zip
Job Title: Duties:		Reason for Leaving :	
Starting Salary \$ _____ Hour/Annual	Final Salary \$ _____ Hour/Annual	Bonus \$ _____	May we contact your supervisor? ___ Yes ___ No
Name of Supervisor		Title and Department of Supervisor	Phone Number of Supervisor

3. Name of Company		From Mo/Yr	To Mo/Yr
Street Address		City	State Zip
Job Title: Duties:		Reason for Leaving :	
Starting Salary \$ _____ Hour/Annual	Final Salary \$ _____ Hour/Annual	Bonus \$ _____	May we contact your supervisor? ___Yes ___No
Name of Supervisor		Title and Department of Supervisor	Phone Number of Supervisor

4. Name of Company		From Mo/Yr	To Mo/Yr
Street Address		City	State Zip
Job Title: Duties:		Reason for Leaving :	
Starting Salary \$ _____ Hour/Annual	Final Salary \$ _____ Hour/Annual	Bonus \$ _____	May we contact your supervisor? ___Yes ___No
Name of Supervisor		Title and Department of Supervisor	Phone Number of Supervisor

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

- I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge.
- I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.
- I understand that my employment is “at will” and can be terminated, with or without cause, at any time at the discretion of the employer or myself. I understand that no management official of the employer other than the Director of Human Resources or Executive Director has any authority to enter into any agreement contrary to the foregoing or to make any oral assurance or promise of continued employment to me.
- I understand that Sunshine Behavioral Medicine will conduct a thorough investigation of my background, experience, education and licenses. I thereby authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application, any accompanying resume, and employers mentioned during the interview process, to provide any relevant information that may be required to arrive at an employment decision.
- I understand that is a Drug-Free and smoke free Workplace employer that includes pre-employment and post-employment urinalysis drug screening and that refusal to participate or a positive test result will result in immediate ineligibility for employment or continued employment.
- I consent to DRUG SCREENING at the time of my employment and random drug testing as requested without condition. I understand that refusal to have drug screening or a positive drug screening at any time can result in my immediate termination.

Date	Signature
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Sunshine Behavioral Medicine is an Equal Employment Opportunity Employer and Drug Free Workplace

EQUAL EMPLOYMENT OPPORTUNITY DATA FORM

IMPORTANT - To All Employees: To enable us to meet government reporting regulations, Sunshine Behavioral Medicine requests that you complete this personal data form. Information will be used for government reporting purposes and will be detached and kept separate from your personnel file. Any information that you choose to provide will not be considered by Sunshine Behavioral Medicine for employment purposes and will be treated as personal and confidential. Your voluntary cooperation will be appreciated.

Name _____
Last First Initial

Date _____ Position _____

GENDER DATE OF BIRTH _____
MM/DD/YYYY

___ Female
___ Male

RACE/ETHNICITY

Please check the appropriate box(es) below.

___ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

___ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

___ **Black or African-American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.

___ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

___ **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

___ **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Sunshine Behavioral Medicine IS AN EQUAL OPPORTUNITY EMPLOYER AND DRUG FREE WORKPLACE

Background Investigation Release Form

In connection with my application for employment (including contract for service) with Sunshine Behavioral Medicine ("the Company"), I understand that a thorough background investigation will be performed and any such reports will be used solely for employment-related purposes. I understand that the nature and scope of this investigation will include a number of sources including, but not limited to, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, general reputation, personal characteristics, mode of living, and work habits. Information relating to my performance and experience, along with reasons for termination of past employment from previous employers, may also be obtained. Further, I understand that you will be requesting information from various Federal, State, County and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, education, and other experiences.

I understand that if the Company hires me, it may request an investigative consumer report about me for employment-related purposes during the course of my employment. The scope of this investigation will be the same as the scope of a pre-employment investigation, and that the nature of such an investigation will be my continuing suitability for employment, or whether I possess the minimum qualifications necessary for promotion or transfer to another position. I understand that my consent will apply throughout my employment, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time, stating that I revoke my consent and no longer allow the Company to obtain consumer or investigative consumer reports about me.

This Disclosure and Consent form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the Company.

I authorize without reservation any party or agency acting on the behalf of this employer to furnish the above-mentioned information. I understand to aid in the proper identification of my file or records the following personal identifiers, as well as other information, is necessary.

I hereby affirm that the information provided on this application (and accompanying documentation, if any) is true and complete to the best of my knowledge. I understand and agree that falsified information, significant omissions of information, or negative information revealed from the background investigation may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

Print Name _____

Other Names Known By _____

Social Security Number _____ - _____ - _____ *Date of birth will be required if an employment offer is made.

Driver License Number _____ State _____

Current Address _____

City _____ State _____ ZIP _____

Applicant Signature _____ Date _____

Prospective Employer Sunshine Behavioral Medicine