

EVE

E: CONTACTUS@HBHCARES.COM P: (602) 341-9300 W: HBHCARES.COM

			Date of	of Application:	
<b>Applicant Info</b>	ormation				
Name:				(Other Names Used)	
Address:				Years/Months at A	Address
Cell Phone:			Home Phone:		
Email Address:	:				
Are you legally eligible to work in the United States ar documentation for verification of eligibility?				le to provide the no	~
Are you at least 18 years of age?			Yes	Yes No	
Have you ever served in the armed forces?			Yes	No	
			ou able to meet	per the home-based this requirement as No	s part of the job
Do you have a realiable mode of transportation?			? Yes	No	
Are you able to provide proof of insurance?			Yes	No	
Is the insurance in good standing?			Yes	No	
Availability					
Employment Ir	nterest: Full-time		Part-time	Both	<del></del>
Please indicate & evening (eve	•	(days/time) for	work: Morning	g (am: 8-12), aftern	oon (pm; 12-4),
	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

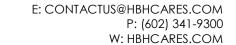


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## **Criminal Background**

*Instructions*: Do not reply "yes" if the arrests or detention did not result in conviction, referrals to, and participation, in any pretrial or post-trial diversion program, marijuana-related convictions more than 2 years old; convictions for which the record has been judicially dismissed/sealed; and first convictions for misdemeanors of drunkenness, simple assault, speeding, minor traffic violations, or disturbances of the peace or misdemeanor convictions where 5 or more years have elapsed between the application date and the date of conviction of completion of incarceration, whichever is later. NOTE: A criminal conviction(s) may or may not constitute an automatic disqualification for employment.

emproyment.				
Have you ever been o	convicted of any cri	me? Yes	No _	
If yes, please provide	a description of the	e offence		
	- a description of the			
<b>Educational Backgr</b>	ound			
Indicate the last level	of education comp	leted:		
High School	-		aduate School	
Name of School	City, State	Major	Degree	Date of Diploma
		1		
Skills				
Trainings/Skill/Exper	rience in this field o	or other related field	ds:	
Do you have any lice	nses or certification	s related to this fie	ld or related field	s?
Type:	Number:	State:	Expiration	on Date:
Type:	Number:	State:	Expiration	on Date:
Type:	Number:	State:	Expiration	on Date:





**Employment History** List employers beginning with the most recent first. Company Name (street, city, state, zip code) Starting Job Title Ending Job Title Company Phone Yes \_\_\_\_\_ No \_\_\_\_ May we contact your employer? If yes, provide supervisor name and title: \_\_\_\_\_ Title Name Dates of Employment: \_\_\_\_\_ Starting Date (DD/MM/YYYY) Ending Date (DD/MM/YYYY) Job Duties: \_\_\_\_ Reasons for Leaving: Company Name (street, city, state, zip code) Starting Job Title Ending Job Title Company Phone May we contact your employer? Yes \_\_\_\_\_ No \_\_\_\_ If yes, provide supervisor name and title: \_\_ Title Name Dates of Employment: Starting Date (DD/MM/YYYY) Ending Date (DD/MM/YYYY) Job Duties: Reasons for Leaving:



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Company Name	(street, city, st	tate, zip code)	
Starting Job Title	Ending Job Title		Company Phone
May we contact your employer?	Yes	No	
If yes, provide supervisor name an	d title:		
Dates of Employment:	Name		Title
Starting Date	(DD/MM/YYYY)	Ending Date (DD/	
Job Duties:			
Descent for Leavings			
Reasons for Leaving:			
Company Name	(street, city, state, zip code)		
Starting Job Title	Ending Job Title		 Company Phone
May we contact your employer?	_		• •
If yes, provide supervisor name an			
	Name		Title
Dates of Employment:	(DD/MM/YYYY)	Ending Date (DD/	
Ţ			
Job Duties:			
Reasons for Leaving:			



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References			
Provide three prof	Sessional references belo	w:	
Name	Email	Phone	Professional Relationship
Name	Email	Phone	Professional Relationship
 Name	Email	Phone	Professional Relationship
Applicant Staten	nent		
forfeiture on my p be cause for reject from employment information obtain any and all liabilit providing relevan tuberculosis test is present the necess standing one year	eart of all eligibility to antion of this application, in addition, I give the lead through the application and employer, agency to the property and the application of a requirement to work ary documentation of proprior to hire.	removal of my name from Harmony Behavioral He ion process. Permission in the individual, or education in to assist in the employer at Harmony Behavioral in the coof at the time of new har	and falsifications may cause y Behavioral Health and may meligibility lists, or dismissal alth the right to verify any is granted and I release from nal institution assisting in ment process. I understand a Health and agree to abide and ire. TB test must be in good
	ow certifies that I have re ons outlined in this docu		application and agree to the
Applicant Signatu	re:	Date	e:

## Thank you!

Applications may be submitted by email, fax, or by appointment.

Harmony Behavioral Health, LLC Phone Number: (602) 341-9300 Email: ContactUs@hbhcares.com Fax: (480) 498-8094

Please contact us for any additional information.

Nancy Salinas, MA, BCBA, LBA nancy@hbhcares.com

Shawn Happe, MS, BCBA, LBA shawn@hbhcares.com