

Certification/License	Document #	State Issued	Expiration Date

Work Experience (Most recent first. Include voluntary work and military experience. Attach extra sheets if necessary.)			
Employer	Telephone	From (month/year)	
Address		To (month/year)	
Job Title		Last Salary	
Specific Duties			
Reason for Leaving		Supervisor	
		May we contact this employer? YES NO	
Employer	Telephone	From (month/year)	
Address		To (month/year)	
Job Title		Last Salary	
Specific Duties			
Reason for Leaving		Supervisor	
		May we contact this employer? YES NO	
Employer	Telephone	From (month/year)	
Address		To (month/year)	
Job Title		Last Salary	
Specific Duties			
Reason for Leaving		Supervisor	
		May we contact this employer? YES NO	

Special Skills
List any special training, skills, or abilities relevant to the position for which you are applying (e.g. Med passing, CPR, First Aid, Running Groups)

References (List 3 persons, not related to you, whom you have known for at least one year)		
Name	Telephone	Years Known

I certify information provided is true and complete. I authorize investigation of all statements contained in this application for employment. This application shall be considered active for 90 days after which a new application will be required. I understand an employment relationship with Beacon Light Behavioral Health Systems (BLBHS) is "at will", which means an Employee may resign at any time and the Employer may discharge Employee at any time without cause. "At Will" employment may not be changed except in writing by the Chief Executive Officer. I authorize BLBHS to obtain information from employer(s) and school(s) attended. I authorize employer(s) and school(s) to disclose to BLBHS such information as may be requested about me, including but not limited to copies of evaluations, transcripts, and any information regarding disciplinary actions and performance. I authorize BLBHS to conduct background checks including drug screening and criminal background checks as may be necessary. I release BLBHS and schools and employers from any liability associated with furnishing information as specified above. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by policies, rules, regulations and laws applicable to employment.

Signature _____ Date _____