



CIRCLES OF CARE INC.

Your Choice for Quality Behavioral Healthcare Services

LAST LEGAL NAME		FIRST	MIDDLE	WHAT POSITION ARE YOU APPLYING FOR?
PRESENT STREET ADDRESS			FOR HOW LONG?	SALARY DESIRED
CITY	STATE	ZIP CODE		ARE YOU APPLYING FOR FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> REGULAR <input type="checkbox"/> TEMPORARY <input type="checkbox"/>
PERMANENT MAILING ADDRESS			FOR HOW LONG?	WOULD YOU CONSIDER WORKING ANY SHIFT? YES <input type="checkbox"/> NO <input type="checkbox"/> WEEKENDS & HOLIDAYS YES <input type="checkbox"/> NO <input type="checkbox"/> ROTATING SHIFTS YES <input type="checkbox"/> NO <input type="checkbox"/> ON CALL YES <input type="checkbox"/> NO <input type="checkbox"/>
CITY	STATE	ZIP CODE		
PLEASE CHECK PREFERRED CONTACT # <input type="checkbox"/> HOME PHONE <input type="checkbox"/> CELL PHONE <input type="checkbox"/> WORK PHONE				SHIFT PREFERENCE: 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>

When are you available for work? _____ Are you currently working? Yes No

How many days of scheduled work did you miss in the last 24 months, not including vacations, holidays and other approved leave? _____

Please explain fully any gaps in your employment history. Be sure to account for all periods of time including military service and any period of unemployment. _____

List any other names which you have used and which will be necessary to verify prior to your employment: _____

If hired, can you provide proof that you are legally entitled to work in the U.S.? Yes No

If not, what steps must be taken for you to begin employment lawfully? _____

Have you ever been terminated or asked to resign from any job? Yes No

If yes, please explain (use a separate sheet of paper if necessary): _____

Have you ever worked for Circles of Care, Inc. (formerly known as Brevard Mental Health Center)? Yes No

If yes, please give dates, position and location: _____

Do you have any friends or relatives currently working at Circles of Care? Yes No

If yes, Name(s), relationship and location: _____

How were you referred to us? _____

Do you have any commitments to any other employer which may affect your employment? Yes No

If yes, explain: _____

Do you smoke or use tobacco? Yes No

PERSONAL

PREVIOUS EXPERIENCE

CURRENT AND PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Include part-time, seasonal and all other employment. If self-employed, give Corporation names and supply business references. If you need more space, use a separate sheet of paper. **DO NOT ANSWER "SEE RESUME."** Fill out this form **completely**. May attach a resume.

Employer Name: _____	Dates Employed
Address: _____	From _____ To _____
City: _____ State _____ Zip _____	Last Salary: _____
Immediate Supervisor: _____ Telephone #: _____	
Your Job Title _____ Work Performed: _____	
Reason for Leaving: _____	
May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please explain: _____	

Employer Name: _____	Dates Employed
Address: _____	From _____ To _____
City: _____ State _____ Zip _____	Last Salary: _____
Immediate Supervisor: _____ Telephone #: _____	
Your Job Title _____ Work Performed: _____	
Reason for Leaving: _____	

Employer Name: _____	Dates Employed
Address: _____	From _____ To _____
City: _____ State _____ Zip _____	Last Salary: _____
Immediate Supervisor: _____ Telephone #: _____	
Your Job Title _____ Work Performed: _____	
Reason for Leaving: _____	

Employer Name: _____	Dates Employed
Address: _____	From _____ To _____
City: _____ State _____ Zip _____	Last Salary: _____
Immediate Supervisor: _____ Telephone #: _____	
Your Job Title _____ Work Performed: _____	
Reason for Leaving: _____	

CRIMINAL HISTORY

Have you ever plead no contest, nolo contendere, or guilty to a crime, or been convicted of a crime? Yes No

Are any charges currently pending against you? Yes No

Has any adjudication ever been withheld? Yes No

(NOTE: Answering "yes" to these questions does not constitute an automatic bar to employment.) If you answered yes to any of the preceding questions, please give dates and details: _____

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH			<input type="checkbox"/> YES	
			<input type="checkbox"/> NO	
COLLEGE/ UNIVERSITY			<input type="checkbox"/> YES	
			<input type="checkbox"/> NO	
GRADUATE/ PROFESSIONAL			<input type="checkbox"/> YES	
			<input type="checkbox"/> NO	
OTHER Business College, Other Special Courses (include Military Training, Post Graduate and Nursing)				
AREA OF SPECIALIZATION OR MAJOR INTEREST?				
PLEASE CHECK WHICH OF THE FOLLOWING EQUIPMENT YOU ARE SKILLED IN OPERATING:				
<input type="checkbox"/> SCANNER <input type="checkbox"/> CALCULATORS <input type="checkbox"/> COMPUTERS <input type="checkbox"/> OTHER _____				
PLEASE LIST OTHER HEALTH CARE, BUSINESS OR INDUSTRIAL EQUIPMENT OPERATED:				

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS					
ARE YOU CURRENTLY ELIGIBLE FOR:		<input type="checkbox"/> REGISTERED	<input type="checkbox"/> LICENSED	<input type="checkbox"/> CERTIFIED	
		<input type="checkbox"/> REGISTRATION	<input type="checkbox"/> LICENSURE	<input type="checkbox"/> CERTIFICATION	
IF LICENSED, REGISTERED OR CERTIFIED	TYPE	STATE ISSUED	DATE	NO.	
	TYPE	STATE ISSUED	DATE	NO.	
	TYPE	STATE ISSUED	DATE	NO.	

DRIVING INFORMATION (Complete only if driving is an essential function of the job for which you are applying).

Do you have a current valid driver's license? Yes No

If yes, License No.: _____ State: _____ Expiration Date: _____

If you do not have a driver's license for the state in which you currently reside, why not? _____

Has your license ever been suspended or revoked? Yes No If yes, explain: _____

Do you have personal automobile insurance? Yes No If no, explain: _____

Have you ever been denied personal automobile insurance or has it ever been terminated or suspended?
 Yes No If yes, explain: _____

Have you ever been convicted, plead guilty or plead nolo contendere to a charge of DWI or DUI? Yes No

Are any such charges currently pending against you? If yes to either question, explain: _____

Please list all moving traffic violations in the last five (5) years:

OFFENSE	DATE	LOCATION	COMMENTS

APPLICANT'S STATEMENT: I understand that Circles of Care is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring, promotion, transfer, and compensation, to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap or disability, genetic information, citizenship status, marital status, service member status, or any other category protected by federal, state, or local law.

I authorize former and present employers, and professional, work, and personal references listed in the application or interview process and any other individuals I may name, to give Circles of Care or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing same to Circles of Care. I also authorize Circles of Care to provide truthful information concerning any employment with it to future employers or as may be required, and I agree to hold it harmless for providing such information.

I understand that Circles of Care reserves the right, to the extent permitted by law, to require drug and alcohol screening tests of an applicant or an employee either prior to employment or any time during employment and I hereby give my consent to any such tests. I consent to the release of the results of any such tests to Circles of Care or its designee. I release Circles of Care and its designee from any and all liability and damages that may result or arise from any drug test or the provision of information in connection with such a test.

I understand that this employment application and any other Circles of Care documents are not promises of employment. Should I be employed, I understand that my employment will be on a trial period up to six months from the date of my hiring and that I will remain an at-will employee thereafter. I further understand that, if I am employed, I can terminate my employment at any time with or without cause and with or without advance notice and that Circles of Care has a similar right. I understand that no manager, representative, or agent of Circles of Care has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, except that the President or his designee may do so in writing. In the event of my employment, with this Circles of Care, I will comply with all rules and regulations of Circles of Care.

I certify that the information given by me on this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in Circles of Care's judgment) that I will be disqualified from consideration for employment or subject to immediate termination if discovered after I am hired

I authorize Circles of Care to complete a background investigation of my employment, criminal history report, driving records, etc. I understand that any of the following conduct or circumstances associated with drug screening will result in termination of the employment process, or if employed, my immediate termination from Circles of Care: a positive result to any drug screen or test; a sample deemed to have been altered or tampered with by testing authorities; the failure or refusal to submit to any drug screen or testing requested by Circles of Care; the sale, possession, or use of any substance banned by drug screening or testing.

This application will be considered "active" for a maximum of ninety (90) days. If you wish to be considered for employment after that time, you must reapply.

ARE YOU A U.S. CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THESE STATEMENTS.

Date

Applicant's Signature

NOTIFY IN CASE OF EMERGENCY

NAME	RELATIONSHIP	ADDRESS	TELEPHONE
------	--------------	---------	-----------