



Employment Application

As an equal opportunity employer, Spectrum Healthcare does not discriminate in hiring or terms and conditions of employment because of an individual's age, sexual orientation, sex, race, color, gender, religion, non-disqualifying disability or national origin. Spectrum Healthcare only hires individuals authorized for employment in the United States.

Please complete each question as completely as possible, even if you submit a resume. Attach additional sheets as necessary.

Reasonable accommodations during the application process will be made for all applicants upon their request. Please notify the Human Resources Coordinator to request an accommodation.

Date:

PERSONAL INFORMATION			
Last Name:	First Name:	Middle Name:	
Are you authorized for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Present Street Address	City	State	ZIP Code
Previous Street Address	City	State	ZIP Code
Email Address			
Phone Number	Work Phone Number	Social Security No	
JOB INFORMATION			
Position(s) applying for:			
Work Preference: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (specify hours):		Preferred shift:	
Date you can start work:		Rate of pay expected:	
This space for office use only			

EDUCATION

High School Name:

Street Address

City

State

ZIP Code

Year graduated: GED? Yes No If No, give number of years completed:

Other Educational Institute:

Street Address

City

State

ZIP Code

Email Address:

Phone:

Date Graduated:

Degree/Major:

Post-Graduate Educational Institute:

Street Address

City

State

ZIP Code

Email Address:

Phone:

Date Graduated:

Degree/Major (i.e., BS/Psychology):

MILITARY SERVICE (ATTACH A COPY OF DD214)

Branch of Service:

Rank/Rate:

Dates of Service: to

Character of Discharge:

Date Discharged:

Commanding Officer:

Street Address

City

State

ZIP Code

Email Address:

Phone:

CHRONOLOGY OF PROFESSIONAL CAREER

Please account for all the time spans following professional school. Please list all present and prior employers and/or your practice/affiliation from oldest to most recent. If more space is needed, please make a copy of this page. NOTE: Gaps of thirty (30) days or more in employment require an attached written explanation as to the reason for the gap in employment. The written explanation needs to be signed and dated.

Employer:				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Street Address			City		State		ZIP Code
Email Address:					Phone:		
Dates Employed: to		Starting Pay:			Ending Pay:		
Position held:				Supervisor/Manager:			
If you've had formal clinical privileges, what is the current status?							
Job Duties:							
Reason for Leaving:							
Employer:				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Street Address			City		State		ZIP Code
Email Address:					Phone:		
Dates Employed: to		Starting Pay:			Ending Pay:		
Position held:				Supervisor/Manager:			
If you've had formal clinical privileges, what is the current status?							
Job Duties:							
Reason for Leaving:							
Employer:				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Street Address			City		State		ZIP Code
Email Address:					Phone:		
Dates Employed: to		Starting Pay:			Ending Pay:		
Position held:				Supervisor/Manager:			
If you've had formal clinical privileges, what is the current status?							
Job Duties:							
Reason for Leaving:							

Check here if the following is not applicable

PRACTICUM, INTERNSHIP, RESIDENCIES				
Date From	Date Through	Institution	Address	Nature of Experience
LICENSES, CERTIFICATIONS, REGISTRATION				
Discipline	Date Issued	Date Expired	State	Current
Attach copies of license and/or certification.				
DEA Certificate Number (attach):				

OFFICE SKILLS

Office equipment you can operate:	Years of Experience
Computer equipment can you operate:	Years of Experience

Keyboarding skills: Above Average (> 45 WPM) Average (30-45 WPM) Below Average (< 30 WPM)

Computer software programs with which you are familiar:	Years of Experience
Computer languages with which you are familiar:	Years of Experience

ADDITIONAL INFORMATION

Professional Organizations, Affiliations, Honors:	Date

Other skills or information applicable to position applied for:

SUPPLEMENTARY INFORMATION

Important: If any of the following question is answered “yes”, please give full details on a separate sheet of paper and attach. Answering yes to any of the following questions does not automatically disqualify your application. Each offense will be evaluated as to the gravity, time passed since offense, and nature of the job sought.

<p>1. Has your membership in any professional organization ever been denied, investigated, suspended, or revoked; or is any such action pending?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>
<p>2. Has a renewal of any of your professional memberships ever been denied?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>
<p>3. Have you ever been subject to any disciplinary proceedings by any professional association or organization; or is any such action pending?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>
<p>4. Have any of your licenses, certifications, or registrations to practice any profession in any jurisdiction ever been investigated, suspended, restricted, or revoked?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>
<p>5. Is any action currently pending to investigate, suspend, restrict or revoke any of your licenses, certificates, or registrations?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>
<p>6. Has your narcotics registration certificate ever been limited, suspended, or revoked?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>
<p>7. Have you ever been convicted of a criminal offense, other than a minor traffic violation?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>
<p>8. Have you had any malpractice claims filed against you within the past ten years, or are any currently pending?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>

PROFESSIONAL REFERENCES

Name at least three references who have personal knowledge of your current clinical/professional ability, ethical character, health status, and ability to work cooperatively with others, and who will provide specific written comments on these matters upon request. Include your most recent supervisor.

If you are applying as a specialty provider in the areas of attachment and bonding, PTSD, eating disorders, sexual offenders, sexual abuse victims, or adoption, YOU MUST LIST AT LEAST ONE Peer (minimum Masters degree and independent practitioner certification) for each of the specialty areas for which you wish to be privileged. In addition, please indicate, next to the name of the reference, which specialty area the reference can address. Additional pages may be attached as necessary.

Name:		Title/degree/Certification:	
Street Address	City	State	ZIP Code
Email Address:		Phone:	
Relationship:			
Name:		Title/degree/Certification:	
Street Address	City	State	ZIP Code
Email Address:		Phone:	
Relationship:			
Name:		Title/degree/Certification:	
Street Address	City	State	ZIP Code
Email Address:		Phone:	
Relationship:			

Please read the following statements carefully before you sign and return this application.

Applicant's Consent and Affirmation

I hereby certify that the information I have provided in this employment application is true and complete to the best of my knowledge. I understand that if I am hired, the discovery of any false information or any relevant information omitted will be immediate grounds for dismissal.

This release and authorization acknowledges that Spectrum Healthcare may now, or at any time while I am employed, conduct a verification of my education, previous employment/work history, motor vehicle records, contact personal references, and receive and criminal history record information pertaining to me which may be in the files of any Federal, State, County, or Local criminal justice agency and/or other information as deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment eligibility under Spectrum Healthcare's employment policies.

In connection with this application, I authorize all corporations, companies, educational institutions, persons, law enforcement agencies, military services, and former employers to release information that they may have about me to Spectrum Healthcare or its agents and release them from any liability for doing so. IN MAKING THIS APPLICATION FOR EMPLOYMENT, IT IS UNDERSTOOD THAT AN INVESTIGATIVE CONSUMER REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH MY NEIGHBORS, FRIENDS, OR OTHERS WITH WHOM I AM ACQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. I HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN 30 DAYS TO RECEIVE ADDITIONAL, DETAILED INFORMATION ABOUT THE NATURE AND SCOPE OF THIS INVESTIGATION.

I do hereby agree to forever release and discharge Spectrum Healthcare full extent permitted by law from any claims, damages, losses, liabilities, costs, and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report.

I understand that if offered employment, the offer will be contingent upon my meeting all fingerprint, health screening, certification requirements and background checks, as applicable.

I hereby acknowledge that if employed, my employment does not constitute any contractual relationship, and is of an "at will" nature, which means that I may resign at any time, or that Spectrum Healthcare may terminate me at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any verbal or written document or other contract unless such change is specifically stated in writing by an authorized Spectrum Healthcare Chief Executive Officer/Executive Director.

A copy of this form that shows my signature is as valid as the original and may be relied upon by any person contacted for the purpose of investigating my background.

Applicant's Signature

Date

EEOC/AA DATA SHEET

Spectrum Healthcare is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. Thank you.

Application for position of:

Date of Birth:

Name (optional) Last: First: Middle Initial:

Gender: Male Female

Ethnic Origin:

- | | |
|---|--|
| <input type="checkbox"/> Hispanic or Latino | A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. |
| <input type="checkbox"/> White (Not Hispanic or Latino) | A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. |
| <input type="checkbox"/> Black or African American (Not Hispanic or Latino) | A person having origins in any of the black racial groups of Africa. |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) | A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> Two or More Races (Not Hispanic or Latino) | All persons who identify with more than one of the above five races. |

Veteran: Yes No

If yes, check one: Vietnam Era (1962-1975) Other:

Disabled: Yes No

If yes, primary disability:

What accommodation may be necessary for you to perform the job for which you are applying?

How did you learn about the job for which you are applying?

- | | |
|--|--|
| <input type="checkbox"/> (a) Newspaper - Name:
<input type="checkbox"/> (b) Job bulletin – Where posted:
<input type="checkbox"/> (c) Federal/State employment service:
<input type="checkbox"/> (d) Magazine/Journal – Name: \
<input type="checkbox"/> (e) Walk-in | <input type="checkbox"/> (f) Job Fair/Conference – Where:
<input type="checkbox"/> (g) College/University – Name:
<input type="checkbox"/> (h) Website:
<input type="checkbox"/> (i) Other: |
|--|--|

You may email the completed application and attachments to michelew@spectrumhealthcare-group.com, fax to 928-634-8960, or mail to:

Human Resources Coordinator
 Spectrum Healthcare
 8 E Cottonwood St
 Cottonwood AZ 86326