



<b>Education</b>	Are you a high school graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>License / Certification</b>	
	School / City / State	Degree Received	Major	State: _____ Number: _____ Expiration Date: _____
High School				National Number: _____ Date: _____
College				Has your license/certificate in any state ever been revoked?
College				<input type="checkbox"/> No <input type="checkbox"/> Yes
Other				If yes, please explain _____

<b>Work History</b>	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company	Position Held:	
Address	Description of Job:	
City / State		
Dates of Employment: _____ to _____	Salary _____ per _____	
Supervisor: _____	Telephone _____	Reason for Leaving
Company	Position Held:	
Address	Description of Job:	
City / State		
Dates of Employment: _____ to _____	Salary _____ per _____	
Supervisor: _____	Telephone _____	Reason for Leaving
Company	Position Held:	
Address	Description of Job:	
City / State		
Dates of Employment: _____ to _____	Salary _____ per _____	
Supervisor: _____	Telephone _____	Reason for Leaving
Comments _____		

**Certification**

It is understood and agreed that any misrepresentations by me in this application will be sufficient cause for cancellation of the application and/or for separation from Samaritan Behavioral Health, Inc. (SBHI) if I am employed. Employment is contingent upon the successful completion of a pre-employment physical examination, a drug/alcohol screening analysis and favorable background checks that include, but are not limited to; academic/credential verification, criminal/civil history, employment and/or personal references. SBHI will attempt to make reasonable accommodations for disabled employees.

I voluntarily give SBHI permission to confirm all information provided in this application and understand that this is not an offer of employment. However, if I am accepted for employment with SBHI, I hereby agree that it is with the understanding that I will abide by the SBHI Administrative Policies and Procedures.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date signed