



CUMMINS BEHAVIORAL HEALTH SYSTEMS, INC.
6655 East US 36 ~ Avon, IN 46123
Phone: 317-272-3330 ~ Fax: 317-272-1713

APPLICATION FOR EMPLOYMENT

PLEASE TYPE OR PRINT CLEARLY

Please answer all questions. Resumes are not a substitute for a completed application.

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, religion, sex, sexual orientation, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

Position Applied For: _____ Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Telephone Number: _____ Alternate or Cellular Telephone Number: _____

Present Address: _____
Street, Apartment Number

City: _____ State: _____ Zip Code: _____

If hired, can you furnish proof you are eligible to work in the United States? Yes No

Social Security # (Optional): _____ Are you 18 years of age or older? Yes No
(If you are hired, you may be required to submit proof of age.)

Desired Salary/Hourly Rate: \$ _____

Type of employment desired? Full-time Part-time (Specify Hours) _____ Temporary

Date on which you can start work if hired: _____

Have you previously applied for employment with this organization? Yes No If yes, when did you apply? _____

Have you ever been employed by this organization? Yes No If yes, provide dates of employment, location, and reason for separation from employment.

List all special skills that you feel would be an asset for the job for which you are applying (Examples: computer skills, equipment operation, CPI training, etc.)

List professional, trade, business, or civic activities and offices held.

<u>Professional License(s) or Certification(s)</u>	<u>Licensed or Certification #</u>	<u>State(s) Issued</u>
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Driving may be a necessary condition of employment for all employees (except when reasonable accommodation is required for an individual with a qualified disability) and a current and valid driver's license and proof of current automobile insurance coverage will be required of all employees. Do you have a valid driver's license? Yes No

Driver's License Number: _____ Class of License: _____

Cummins Behavioral Health Systems, Inc. conducts motor vehicle record checks on all candidates prior to any offer of employment, and candidates must meet the eligibility requirements of our insurance carrier.

Education	School Name and Location (Address, City, State)	Course of Study	Graduate? Y/N	# of Years Completed	Degree/Major
High School/GED					
College					
Bus./Tech./Trade Or Post College					

Honors Received: _____

If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of a maiden name, nickname, etc.

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or last employer listed first. Account for all periods of time including any period of unemployment. If self-employed; supply company name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Use blank paper if you do not have enough room on this application. Please answer all questions. Resumes are not a substitute for a completed application.

Employer Name	Address	Type of Business
Telephone ___ ___ ___	Dates Employed	From: ___/___/___ To: ___/___/___
Job Title: _____	Duties: _____	
Supervisor's Name: _____	May we contact? Yes No If No, why not? _____	
Wages Start: \$_____ Final: \$_____	Reason for Leaving: _____	
What will this employer say was the reason your employment ended? _____		
How much notice did you give when resigning? _____ If none, please explain: _____		
Key achievement that you were responsible for: _____		

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Please explain fully all gaps in your employment history in excess of two (2) months.

Have you ever been terminated from any job? Yes No If Yes, how many times? _____

Have you ever been given the choice to resign rather than be terminated? Yes No If Yes, how many times? _____

If you answered Yes to either of the above two questions, please explain the circumstances of each occasion.

REFERENCES

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (e.g., supervisor, co-worker)	TELEPHONE

Do you expect to be engaged in any other business or employment if employed by Cummins? Yes No

If yes, please explain: _____

APPLICANT CERTIFICATION

Please read each statement carefully before signing

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that Cummins Behavioral Health Systems, Inc. is a smoke-free establishment and is a drug-free workplace. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees, pursuant to the organization's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continued employment and I agree to undergo alcohol and drug testing consistent with the organization's policies and applicable federal, state, and local law.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I will be required to sign a confidentiality statement and a conflict of interest statement.

I understand that if I am hired, the length of my employment is not guaranteed. Recognizing that I will be free to voluntarily end my employment at any time, with or without cause, I acknowledge that Cummins Behavioral Systems, Inc. will be free to end my employment at any time, with or without cause.

I further understand that nothing in this application, or statements which may be contained in policies, practices, handbooks, or other Cummins Behavioral Health Systems, Inc. material create any guarantee of employment and that no representative of Cummins Behavioral Health Systems, Inc., other than the President and Chief Executive Officer, has the authority to enter into any agreement for any specific period of time or make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding on Cummins Behavioral Health Systems, Inc.

If hired, I agree to conform to the rules and regulations of the organization, and I understand that Cummins Behavioral Health Systems, Inc. has the right to modify, amend or terminate policies, practices, benefit plans, or other programs within the limits and requirements imposed by law.

I authorize the organization or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the organization or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability Cummins Behavioral Health Systems, Inc. and its representatives for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by this organization, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this organization. I also understand this organization employs only individuals who are legally eligible to work in the United States.

Instructions for answering the following questions

All applicants: Do not include convictions that were sealed, eradicated, erased, annulled by a court, or expunged, or convictions that resulted in referral to a diversion program.

Indiana applicants: Regarding arrests limit your response to pending charges for felonies and class A misdemeanors that are less than one (1) year old.

Have you ever plead guilty or no contest to, or been convicted of any criminal offense other than the applicable exceptions listed above?
Yes No

Have you ever been arrested for any matters for which you currently are out on bail or on your own recognizance pending trial?
Yes No

Do you have any criminal charges pending (except a minor traffic violation)? Yes No

Criminal Offenses Only: If you answered Yes, to any of the previous three questions, please provide the date(s) and explain in accordance with the above instructions so that individual circumstances can be considered.

Criminal convictions or arrests will not automatically disqualify an applicant from a particular job. Cummins Behavioral Health Systems, Inc. will consider the nature of the crime, its seriousness, the substantial relation to the position’s functions and qualifications, the number of occurrences, the applicant’s age at the time of the crime, the time elapsed since the crime, the applicant’s entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by law.

Do you have any pending malpractice suits? Yes No

Have you ever been subjected to Medicare/Medicaid exclusion? Yes No

If yes to any of the questions above, please explain

(The existence of a pending medical malpractice lawsuit against you and/or having been subjected to Medicare/Medicaid exclusion will not automatically bar you from employment at Cummins Behavioral Health Systems, Inc.)

This application will be considered active for a maximum of ninety (90) days.

I certify that all the information provided on this application, my resume, or any supporting documents I may present during any interview is and will be true, accurate, and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission by me of any information on this application and/or in the application process will result in disqualification from consideration for employment and will result in my dismissal if discovered at a later date.

Applicant Signature: _____

Date: ____/____/____