



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

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE TYPE OR PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for: _____ Today's Date: _____

What type of employment are you seeking: Full-time Part-time Temporary

When could you start work? _____

_____	_____	_____	_____
Last Name	First Name	Middle Name	Telephone Number
_____		_____	_____
Present Street Address	City	State	Zip Code
Are you 18 years of age or older? (If you are hired, you may be required to submit proof of age.)	Yes	No	
Social Security # (Optional) _____			
If hired, can you furnish proof you are eligible to work in the United States?	Yes	No	

Have you ever applied here before?	Yes	No	If yes, when? _____
Were you ever employed here?	Yes	No	If yes, when? _____
Have you ever been convicted of any law violation, (except a minor traffic violation)?	Yes	No	
If yes, give details _____ (A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying is also considered.)			
Are you now or do you expect to be engaged in any other business or employment?	Yes	No	
If yes, please explain _____			

EDUCATION		
List Name and Address of Schools High School or GED: _____ _____ _____	Number of Years Completed	Diploma / Degree / Certificate
College or University: _____ _____ Subjects Studied: _____ _____		
Vocational or Technical: _____ _____ Subjects Studied: _____ _____		

SPECIAL SKILLS						
What skills or additional training do you have that are related to the job for which you are applying? _____ _____						
What machines or equipment can you operate that are related to the job for which you are applying? _____ _____						
How many days of work have you missed during the past year? (Exclude absences due to disability or those covered by FMLA.) _____						
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 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 _____						
Have you had your driver's license suspended or revoked in the last 3 years? Yes No						
If yes, give details _____						
List professional, trade, business, or civic activities and offices held. (Exclude labor organizations and membership which reveal race, color, religion, national origin, sex, age, disability or other protected status.) _____						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black; width: 35%;"><u>Professional License(s) or Certification(s)</u></th> <th style="text-align: left; border-bottom: 1px solid black; width: 35%;"><u>License or Certification #</u></th> <th style="text-align: left; border-bottom: 1px solid black; width: 30%;"><u>State(s) Issued</u></th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </tbody> </table>	<u>Professional License(s) or Certification(s)</u>	<u>License or Certification #</u>	<u>State(s) Issued</u>			
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WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

PLEASE GIVE MONTH AND YEAR

Please complete your work history fully and accurately. No action will be taken on this application until you have answered this section fully and completely. Use blank paper if you do not have enough room on this application. PLEASE TYPE OR PRINT

Name of Employer	Supervisor
Address	Employed From (mo/yr) / To (mo/yr) /
	Pay Start \$ Final \$
City, State, Zip Code	
Telephone Number	
Title	Reason for Leaving
Duties	
Name of Employer	Supervisor
Address	Employed From (mo/yr) / To (mo/yr) /
	Pay Start \$ Final \$
City, State, Zip Code	
Telephone Number	
Title	Reason for Leaving
Duties	
Name of Employer	Supervisor
Address	Employed From (mo/yr) / To (mo/yr) /
	Pay Start \$ Final \$
City, State, Zip Code	
Telephone Number	
Title	Reason for Leaving
Duties	
Name of Employer	Supervisor
Address	Employed From (mo/yr) / To (mo/yr) /
	Pay Start \$ Final \$
City, State, Zip Code	
Telephone Number	
Title	Reason for Leaving
Duties	

REFERENCES

Have you worked or attended school under any other names? Yes No
 If yes, give names: _____

Are you presently employed? Yes No
 If yes, whom do you suggest we contact (Name/Title)? _____

Have you ever been fired from a job or asked to resign? Yes No
 If yes, please explain: _____

Give three references, not relatives or former employers

Name	Address	Phone

Have you ever been subjected to Medicare/Medicaid exclusion? Yes No
 If yes, please explain: _____

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information, misrepresentation or omission by me on this application and/or in the application process will disqualify me from further consideration for employment and will result in my dismissal if discovered at a later date.

I understand that in connection with my application and/or employment with Cummins, that the employer or its agents may request an investigative consumer report from a consumer reporting agency about my background, and character or reputation. This report may include, but not be limited to, information as to my employment, education, consumer credit history, driving record, social security number verification, criminal record and/or other public records history obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete post-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I also understand that (1) the Company has a drug-free workplace policy; and (2) consent to and compliance with such policy is a condition of my employment.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE. I UNDERSTAND THAT NO REPRESENTATIVE OF CUMMINS HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for a limited time. Ask the organization representative for details.