

**Application For Employment**  
**Community Wellness Counseling and Support**  
**Services**  
 10611 NW SR 20 Bristol, FL 32321

We are an Equal Opportunity Employer and are committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Education and Employment History can be provided on attached Resume.

**Personal Information**

Name

Address		City	State, Zip	SSN
DOB	Phone Number	Email Address		
Are You A U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have You Ever Been Convicted Of A Felony? Yes <input type="checkbox"/> No <input type="checkbox"/>		
NPI Number (REQUIRED) Taxonomy Code		CAQH Number (If Licensed)		
License or Certification		Place of Birth		

**Position**

Position You Are Applying For	Available Start Date	Date of last Level II Bkgnd Screening
Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temporary		

**Education**

School Name	Location	Years Attended	Degree Received	Major

**References**

Name	Title	Company	Phone

**Employment History**

<b>Employer (1)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (2)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (3)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (4)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Please include the following with this Application:</b>  Diploma and Official Transcripts Resume Relevant Trainings (Mandatory 12hrs if SA) Copy of License (if applicable) Copy of Level II Bkgrnd Screening Copy of Professional Liability Insurance	Have you ever been convicted of any criminal violation of law, or are you now under pending investigation or charges of violation of criminal law? If yes, explain below. _____ YES _____ NO  Have you ever been subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct based or performance based actions? If yes, explain below. _____ YES _____ NO		

## Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge. I grant CWCSS the right to verify all information provided and to utilize identification information for the use of insurance credentialing and payment for services rendered. If this application leads to employment, I understand that false or misleading information in my application or interview is grounds for immediate termination of employment or contract. I agree to notify CWCSS in writing within five (5) days of receiving any written or oral notice of any adverse action, including, without limitation, exclusion from participation in any federal or state health care or procurement programs, any filed and served malpractice suit or arbitration action; any adverse action by a Florida Licensing Board taken or pending; any adverse action which has resulted in the filing of a report with the Florida Licensing Board; any revocation of DEA license; a conviction of any felony or a misdemeanor of moral turpitude; any action against any certification under Medicare or Medicaid programs; or any cancellation, non-renewal or material reduction in medical liability insurance policy coverage.

Name (Please Print)	Signature
Date	