Clear Sky Behavioral, LLC

Application for Employment

	Application Date:	
Please note: Applicants must comple Position Applying For:	ete the following information entirely Location:	y, even if attaching a resume.
	Danganal Information	

	Personal Information		
Last Name:	First Name:	Middle/Maiden	
Present Address	City	State	Zip
Social Security #	Home Phone:	Cell Phone:	
Email Address:	Drivers License# State Issued: Expiration Date:	Birth Date:	
Have you ever worked for Clear Sky Behavioral?	If so, provide job title, location and dates of employment.	Are you legally entitl States?	led to work in the United
Have you ever been convicted of a criminal offense (other than minor traffic violation)? A conviction does not automatically negate employment. Yes No	If "Yes:, please explain (attach additional sheet, if necessary)		atives presently working

Conditions of Employment

I certify that the responses entered by me on this employment application are true and complete. I understand that any misleading or incorrect statements may render this application void. I agree the company is not liable in any respect if any employment is terminated because of false statements, answers, or omission made by me in the application.

I also understand that, if accepted for employment, I shall be required to provide proof of identity and eligibility (Social Security Card or copy of Birth Certificate and current Driver's License/Picture Identification) to work in the United States as a condition of employment. In connection with this application authorize all corporations, companies, credit agencies, education institution, licensing agencies person, law enforcement agencies, military services, and former employers to release information that they may have about me to Clear Sky Behavioral, LLC. or its agents and release them from any liability form doing so.

I declare that I am not a pedophile or child molester and that I have not perpetrated physical abuse, sexual abuse, emotional abuse or neglect against a child or adult nor have I ever been convicted of any of these acts.

I also declare that I have not been convicted of drug charges and am not a user of illegal drugs.

I understand that if employed, I have been hired at the will of my employer and that my employment may be terminated at any time, with or without cause and with or without notice.

and with or without notice.			
Applicant's Signature:		Date:	
	(Application invalid unless signed)		

Record of Employment:

Clear Sky Behavioral, LLC will confirm dates of employment, positions held, and reasons for leaving with prior employees. Explain ALL gaps in employment and other information relevant to eligibility, qualification, and suitability with prior employers in the "Additional Information" section.

1. Name of present	or last employer and add	ress (incl	ude city and	d state)	Full ' Part '			No No
Type of Business	Name of Supervisor	Telepho	one #	Start Date		1 11110	End Date	
	_							
Your Job Title			Starting F	D _{av} .		End	ing Pay	
Tour Job Title			Starting 1	uy.		Liiu	ing ray	
Reason for Leaving	:							
Description of work	and responsibilities (atta	ach additi	onal sheets	s, if necessar	ry):			
2 Name of present	or last employer and add	ress (incl	ude city and	d state)	Full '	Time	? Yes	No
_				a state)	Part '			No
Type of Business	Name of Supervisor	Telepho	one #	Start Date	2		End Date	
Your Job Title	L	I	Starting F	Pay:		End	ing Pay	
Reason for Leaving								
Reason for Leaving	:							
Description of work	and responsibilities (atta	ach additi	onal sheets	s, if necessar	ry):			
3. Name of present	or last employer and add	lress (inc	lude city an	nd state)	Full '			No
Type of Business	Name of Supervisor	Telepho	one #	Start Date	Part '	Time	? Yes End Date	No
Type of business	Name of Supervisor	Telepho	one #	Start Date	•		End Date	
Your Job Title			Starting F	Pay:		End	ing Pay	
Reason for Leaving	:							
Description of work	and responsibilities (atta	ach additi	onal sheets	if necessar	rv).			
2 cocription of work	and responsionines (and		511 0 1	,, 11 1100000	-			

	Reference	ces (1 F	Person	al and 2 Professiona	al)	
Name	Occupati	on		Address (City, State)	Telephone #	
1.						
2.						
3.						
Educational Ermanianas	•					
Educational Experience High School	Yes	No	C a1-	ool Nama and City		
Did you graduate?	Yes	No	Scno	ooi Name and City		
Did you graduate:	103	110				
GED	Yes	No	Not	Applicable		
				rr		
College or University	Yes	No	If Y	es, School Name		
Did you graduate?	Yes	No				
• 0						
Additional training you re	eceived tha	at relate	es to th	ne position for which	you are applying (courses/sem	ninar
Required Pre-Employm		_				
 First Aid 	Yes	No		Expires		
 NCI (Part A/B) 	Yes	No		Expires		
CPR	Yes	No		Expires		
• Driver's License	#, state issi	ued, an	d Date	e of expiration		
						

Human Services:

- Are you willing to work with residents who may display challenging behaviors: Yes No
- Are you able to provide physical assistance to residents as needed? Yes No
- Are you able to bend, kneel, lift (up to 50 lbs.), stoop, stand and/or sit for long periods of time?

Yes No