

DIMENSIONAL BEHAVIORAL HEALTH SERVICES, INC.

APPLICANT'S CERTIFICATION STATEMENT

INSTRUCTIONS: READ EACH OF THE FOLLOWING STATEMENTS CAREFULLY AND SIGN BELOW.

1. I certify that the information contained in this application or made in conjunction with it (e.g., resume), is true and correct, and any misrepresentation or omission of any detail will be grounds for IMMEDIATE disqualification from employment or dismissal, should I be employed, whenever the correct information becomes known to *Dimensional Behavioral Health Services, Inc* (DBHS), further referenced as the Company.

2. I understand that this application for employment does not constitute an offer of employment or a contract of employment. I understand that nothing in the oral statements or written statements directed to me during the application, interview, or if employed, during the orientation period or during any subsequent period of employment, creates any contract of employment and I have not relied and will not rely to my detriment on any statement that suggests employment is for a definite period. Statements expressed throughout the pre-employment and employment periods make no promise of employment for a definite period. Employment with the Company is not by contract, express or implied. Furthermore, I understand that I or the company, if either chooses, at its will, regardless of the term of my wages or salary, may end the employment relationship at any time. Employment with the Company is on an at-will basis.

3. I understand that any employment or offer of employment arising out of this Employment Application will be subject to satisfactory verification of all job qualifications, which may include academic credential(s), license(s), professional designation(s), and employment history. I authorize Company, or any of its subsidiaries, to contact any of my schools or former employers. I authorize any former employee(s) and school(s) and/or their agents to provide such information and agree to hold them harmless from all liability arising out of providing such information.

4. I agree that, if employed, I will report to management any conduct which I believe constitutes unlawful harassment (based on sex, race, religion, color, national origin, age, or qualified disability). I understand that there are no reprisals whatsoever for the good faith reporting of such conduct to management.

5. I further understand that employment may be contingent upon a pre-employment drug or alcohol screen. In addition, a criminal background investigation may be conducted.

6. I understand that if employed all of the Company's policies and procedures (in whole or in part), do not constitute a contract of employment. I understand that if hired, the Company policies and procedures are subject to modification by the Company with or without notice. Further, I understand that participation in Company benefit plans (insurance, etc.) is subject to Company and Plan eligibility requirements. No representative of the Company can change or alter the terms, conditions, waiting periods and limitations of any benefit plan and applicable plan documents are controlling in all cases.

7. I understand that no person other than the President of the Company is authorized to change in any way any terms mentioned in this Certification Statement, and then only if in writing signed by the President.

By signing below, I certify that I have read and understand the above statements and submit my application under these conditions.

Signature

Date

THIS APPLICATION IS THE PROPERTY OF *DIMENSIONAL BEHAVIORAL HEALTH SERVICES INC.*

List at least three references (non-relatives or friends). At least one reference must be a previous or current employer.

First and Last Name	Relationship	Phone Number	Email Address
(1)		() -	
(2)		() -	
(3)		() -	
(4)		() -	
(5)		() -	