



Florida Behavioral Health Association

316 E. Park Ave, Tallahassee, FL 32301

Phone: 850-878-2196 Fax: 850-792-5800

Web address: www.FloridaBHA.org Email: hr@FloridaBHA.org

EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, sex, religion, national origin, age, genetic information, disability, pregnancy, military/veteran status, marital status, gender identity, or any other protected category.

PLEASE PRINT:

Position(s) applied for: _____

Social Security Number: _____

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

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Business Phone:** _____ **Cell Phone:** _____

E-Mail _____ **Best Time to contact you:** _____ **a.m. p.m. (circle one)**

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before, if yes, give date(s): Yes No
Date(s): _____

Have you ever been employed with us before? If yes, give date(s): Yes No
Date(s): _____

Do any of your relatives work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Date available (MM/DD/YYYY): _____

Seeking employment: Full-Time Part-Time Temporary

Minimum Acceptable Annual Salary: _____

Education Information:

	Name and Address Of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

Job-Related Training or Course Work (Vocational, Trade Governmental, Business, Armed Forces, etc.):

Licensure, Registration, Certification (Examples, Driver License, CPA, LCSW, CAP, LMHC, etc.):

Employment Information:

1. Employer:	Dates Employed (start / end)	Work Performed:
Address:		
Phone:	Annual Salary: (start / end)	
Your Job Title:	Supervisor Name:	
Reason for Leaving:		

2. Employer:	Dates Employed (start / end)	Work Performed:
Address:		
Phone:	Annual Salary: (start / end)	
Your Job Title:	Supervisor Name:	
Reason for Leaving:		

3. Employer:	Dates Employed (start / end)	Work Performed:
Address:		
Phone:	Annual Salary: (start / end)	
Your Job Title:	Supervisor Name:	
Reason for Leaving:		

4. Employer:	Dates Employed (start / end)	Work Performed:
Address:		
Phone:	Annual Salary: (start / end)	
Your Job Title:	Supervisor Name:	
Reason for Leaving:		

If you need additional space, please make additional copies of this page or continue on a separate sheet of paper.

Knowledge/Skills/Abilities

Please list any knowledge/skills/abilities you possess and believe relevant to the position you seek (computer skills, knowledge of software, fluency in language or knowledge of addiction treatment, prevention and interventions, etc.).

List professional, trade, business, or civic activities and office held. (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status):

Please list at least three (3) professional references, personal references are not acceptable. Please list their name and phone number.

Have you received a job description for the position(s) you are applying for? Yes No

If yes, are you able to perform in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes No

Please state additional information you feel may be helpful to us in considering your application.

Background Questionnaire

Are you a U.S. citizen or are you legally authorized to work in the U.S.? Yes No

Have you ever been convicted of a felony or a first degree misdemeanor? Yes No

If yes, what charges: _____ Where convicted? _____
Date of conviction: _____

Have you ever pled nolo contendere or pled guilty to a crime that is a felony or a first-degree misdemeanor? Yes No

If yes, what charges: _____ Where convicted? _____
Date of conviction: _____

Have you ever had the adjudication of guilt withheld for a crime which is a felony or first degree misdemeanor? Yes No

If yes, what charges: _____ Where convicted? _____
Date of conviction: _____

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date: _____

NOTE: After you have completed this application, please submit it along with your resume to the address on the first page of this application. If you have questions, please call at the number listed on the first page of this application. Thank you for your interest.



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Affirmative Action Survey

Although the following information is not mandatory, it is requested to aid our association in its commitment to Equal Opportunity and Affirmative Action. Refusal to answer will not result in adverse treatment of any applicant. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations.

Sex: Male Female

Date of Birth: _____

Race (Check Only One):

- White (Non-Hispanic) Black (Non-Hispanic) Hispanic Asian or Pacific Islander
 Native American Other (Specify)