

California Psychiatric Transitions

P.O. Box 339 / 9226 N. Hinton Ave. Delhi, CA 95315
 Phone (209) 667-9304 / Fax (209) 669-3978
 MHRC License #02054022

Departmental Interview	
Approved	Denied
_____	_____
Authorized Signature	Date

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name _____

Last
First
Middle
Maiden

Present address _____

Number
Street
City
State
Zip

Telephone: _____ Email _____ Social Security Number: _____

EMPLOYMENT DESIRED

POSITION DESIRED: _____ Full-time Part time Per Diem/On-Call

CPT OPERATES 24 HOURS PER DAY 7 DAYS PER WEEK. WHAT IS YOUR AVAILABILITY FOR WORK?

SUN	MON	TUES	WEDS	THUR	FRI	SAT

EDUCATION / TRAINING

NAME OF SCHOOL	LOCATION	DEGREE, LICENSE, CERTIFICATION	LICENSE NUMBER (if applicable)	LICENSE EXP. DATE

MILITARY EXPERIENCE

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Branch _____ Date Entered _____ Discharge Date _____

Specialty _____ Type of Discharge (Honorable, etc.) _____

REFERENCES (Please provide work related references. Attach additional sheets if needed.)

Name _____ Position _____ Address _____ Telephone (____) _____	Name _____ Position _____ Address _____ Telephone (____) _____
---	---

WORK EXPERIENCE	Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.	
Employer Acknowledgement	Can we contact your previous employer(s) listed below? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYER _____ ADDRESS _____ NAME OF SUPERVISOR _____ PHONE NUMBER _____	JOB TITLE: _____ DATES EMPLOYED: FROM: _____ TO: _____ PAY OR SALARY: START: _____ FINAL: _____ REASON FOR LEAVING: _____	
RESPONSIBILITIES:		
EMPLOYER _____ ADDRESS _____ NAME OF SUPERVISOR _____ PHONE NUMBER _____	JOB TITLE: _____ DATES EMPLOYED: FROM: _____ TO: _____ PAY OR SALARY: START: _____ FINAL: _____ REASON FOR LEAVING: _____	
RESPONSIBILITIES:		
EMPLOYER _____ ADDRESS _____ NAME OF SUPERVISOR _____ PHONE NUMBER _____	JOB TITLE: _____ DATES EMPLOYED: FROM: _____ TO: _____ PAY OR SALARY: START: _____ FINAL: _____ REASON FOR LEAVING: _____	
RESPONSIBILITIES:		
EMPLOYER _____ ADDRESS _____ NAME OF SUPERVISOR _____ PHONE NUMBER _____	JOB TITLE: _____ DATES EMPLOYED: FROM: _____ TO: _____ PAY OR SALARY: START: _____ FINAL: _____ REASON FOR LEAVING: _____	
RESPONSIBILITIES:		

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes No DO YOU HAVE AUTO INSURANCE? Yes No

Driver's License Number _____ Exp. _____ State of issue _____

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years? Yes No How many? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes - If yes, Felony or Misdemeanor?

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

Briefly explain how you became interested in the mental health field and describe any experiences you have had when interacting with mental health patients. Briefly describe any skills you possess that may prove beneficial to our resident population.

APPLICATION FORM WAIVER (Please read carefully)
<p>This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with CPT depends solely on your qualifications</p> <p>In exchange for the consideration of my job application by California Psychiatric Transitions, (hereinafter called "CPT"), I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of CPT, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Facility Director. Both the undersigned and CPT may end the employment relationship at any time, without specified notice or reason. If employed, I understand that CPT may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.</p> <p>I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give CPT permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release CPT from any liability as a result of such contract.</p> <p>I understand that, in connection with the routine processing of your employment application, CPT may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, CPT, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.</p>
<p>Signature of applicant _____ Date: _____</p>