



<b>Education</b>			
<i><b>If attaching diploma or transcript this section does not need to be completed.</b></i>			
School Address	Credits Earned	Major	Diploma/Degree
High School			
College			
Technical			
Graduate			
<b>Employment</b>			
<i><b>If attaching resume this section does not need to be completed.</b></i>			
<b>List below all present and past employment beginning with your most recent. All times must be accounted for whether employed or not. Attach an additional sheet if necessary.</b>			
Name & Address of Company/Type of business	From/To mm/yy	Name & Title & contact number of your supervisor	
Describe your work in detail:			
Why did you leave?			

Name & Address of Company/Type of business	From/To mm/yy	Name & Title & contact number of your supervisor	
Describe your work in detail:			
Why did you leave?			

Name & Address of Company/Type of business	From/To mm/yy	Name & Title & contact number of your supervisor	
Describe your work in detail:			
Why did you leave?			

Name & Address of Company/Type of business	From/To mm/yy	Name & Title & contact number of your supervisor
Describe your work in detail:		
Why did you leave?		

Name & Address of Company/Type of business	From/To mm/yy	Name & Title & contact number of your supervisor
Describe your work in detail:		
Why did you leave?		

<b>Professional References</b>	
<i>If attaching references this section does not need to be completed.</i>	
Name:	Company:
Address:	Phone:
Email:	Position:

Name:	Company:
Address:	Phone:
Email:	Position:

Name:	Company:
Address:	Phone:
Email:	Position:

**Applicant's Statement & Conditions of Employment**  
*(Please read carefully before signing)*

I understand that the company will perform the following background checks: driving record, criminal, and Child Protective Services. Upon a timely written request to the personnel department of the company, the nature and scope of the report will be disclosed to me.

I certify that the answers given by me in this employment application are true, correct and complete. I agree that the company shall not be liable, in any respect, if my employment is terminated because of misstatements or pertinent omissions made by me in this application. Moreover, I understand that all offers of employment are contingent upon passing the company's prescribed physical examination and drug screening.

I agree, as a condition of my employment (should I be employed by CBH), to submit to a medical examination if requested and based on the position that I accept, I further agree to the search or examination of company property while on the company's premises or while conducting its business elsewhere. I also authorize any company, school, police or security personnel, or other person to give any information regarding my employment, habits, ability, or any other characteristics whatsoever; together with any information they have regarding me whether or not it is in their records. I hereby release all physicians, examiners, companies, schools, or other persons from liability for any damages whatsoever for such testing, examining, or issuing this information. It is agreed and understood that completion of this application does not mean a job opening exists and in no way obligates the company to employ me.

In the event of employment, I will comply with all company policies and procedures as established from time to time including the company's substance use policy. I am willing to work all assigned overtime or other special work assignments as requested by the company. Furthermore, since the company does not offer contracts of employment (unless signed by the CEO), I understand that nothing contained herein is intended to create a contract between the company and me for either employment or the provision of any compensation or benefits.

I hereby understand and acknowledge that any employment relationship with CBH 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 notice, and with or without cause. It is further understood that this "At-Will" employment relationship may not be changed by any written document or by verbal agreement unless such change is specifically acknowledged in writing by an authorized Executive of CBH. I also understand that CBH retains the right to amend, modify, add, or delete any or all policies or procedures at its sole and absolute discretion.

During my employment with CBH, and after my employment ends, I agree not to disclose any confidential or proprietary information as well as protected health information as required by the Health Information Portability and Accountability Act (HIPAA) privacy rules. I further agree that with respect to any civil litigation involving CBH in which I am a potential witness and which does not involve an actual or potential claim by me personally, I will not discuss the facts of the case with any third parties without first notifying CBH or unless a representative or attorney of CBH is present. A copy of this form may be used as the original. The use of results from this form and/or tests will be used for prudent employment decisions.

***This application is valid for sixty days from the application date unless renewed in person or in writing.***

Applicant Signature

Date