

CENTER FOR PEDIATRIC BEHAVIORAL HEALTH

Employment/Volunteer Application



Please check which of the following you are applying for:

Employment <input type="checkbox"/>	Volunteer <input type="checkbox"/>
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APPLICANT INFORMATION

Last Name				First			M.I.	D.O.B.			
Street Address							Apartment/Unit #				
City				State			ZIP				
Phone				E-mail Address							
Date Available				Social Security No.		Desired Salary					
Position Applied for				Have you ever been employed by the CPBH?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If so, what was your previous position?								From	To		
Previous Position?				From	To	Previous Position?			From	To	
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		If yes, explain							

EDUCATION

High School				Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College/ University				Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College/ University				Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College/ University				Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					

INTERNSHIP/FELLOWSHIP

Organization				Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Department					
Organization				Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Department					

AWARDS/SPECIAL HONORS

Award/Honors	Date Awarded	Institution/Organization
Award/Honors	Date Awarded	Institution/Organization
Award/Honors	Date Awarded	Institution/Organization
Award/Honors	Date Awarded	Institution/Organization

LICENSURE/CERTIFICATION

Licensing/Certifying Board	#	State	From	To
Licensing/Certifying Board	#	State	From	To
Licensing/Certifying Board	#	State	From	To
Licensing/Certifying Board	#	State	From	To

Additional Information:

REFERENCES*Please list three professional references.*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT

Company	Phone		
Address	Supervisor		
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
MILITARY SERVICE			
Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			
DISCLAIMER AND SIGNATURE			
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.			
Signature		Date	

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