



EMPLOYMENT APPLICATION

CDAC Behavioral Healthcare, Inc.

3804 North Ninth Avenue • Pensacola, Florida 32503 • (850) 434-2724

CDAC Behavioral Healthcare, Inc. is an equal opportunity employer and in compliance with federal and state laws offers job opportunities and advancement to qualified individuals without regard to race, color, sex (including gender identity, sexual orientation, and pregnancy), national origin, age, religion, marital status, genetics, disability, veteran status, or retaliation, which includes opposing participation in any complaint process at the EEOC.

Conviction of a crime is not an automatic disqualification. However, successful clearance of a Level II Background Screening which includes federal and local level background checks, is required to maintain compliance with the Department of Children and Families. Positions in the school districts also require an additional background check, which includes juvenile records, charges where adjudication was withheld and/or the records were sealed. Additionally, positions which require routine use of a vehicle to meet job duties must meet criteria as an eligible driver.

Failure to fully complete application and submit with a resume may result in non-consideration. A single application may be submitted for multiple positions. Applications are only good for positions indicated on the application and open as of the date of application. Applicants must apply for new positions as they become available with a new application packet.

Please type or print using blue or black ink. **Submit completed application and resume via email to the Human Resource Department.** See job posting for submission email address.

DATE OF APPLICATION _____

PERSONAL DATA	
Name (Last, First, Middle)	
Current Address (Street, City, State, Zip Code)	
Primary Phone Number – Type (home, cell) () -	Secondary Phone Number – Type (home, cell) () -
Do you have any relatives or a member of your household presently working for CDAC Behavioral Healthcare, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name: _____ Relationship: _____	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
JOB REQUIREMENTS	
Position(s) applied for:	
Salary requested: \$ _____ per _____	
How did you hear about the position(s)?	
<input type="checkbox"/> Career Website (indicate which one)	<input type="checkbox"/> Social Media (indicate which site)
<input type="checkbox"/> CDAC Website	<input type="checkbox"/> Current/Former Employee (provide name)
	<input type="checkbox"/> Other

GENERAL

Have you applied for employment with CDAC within the last year? Yes No When/date?

Have you been previously employed by CDAC? Yes No When/date?

What position(s)/program(s)?

SKILLS

Foreign language (indicate)

List any skills relevant to the position applied for:

EDUCATION, CERTIFICATIONS, LISENSURES

Name/Location of School	From mm/yy	To mm/yy	Graduated mm/yy	Degree, Certification, or Licensure	Major or Description
High School:					
College/Institution:					

MILITARY EXPERIENCE

Branch of Service:

Active Duty Dates:

Principle Duties and/or Special Training:

Reserve Status:

PERSONAL REFERENCES (list references who are not former employers or relatives)

Name/Occupation	Relationship	Contact Email	Contact Phone	Years Known

PROFESSIONAL REFERENCES (list references who can speak to your professional experience)

Name/Occupation/Organization	Relationship	Contact Email	Contact Phone	Years Known

EMPLOYMENT HISTORY

List your employment history beginning with the most recent. Provide at least the last ten years or last four employers. **A resume explaining your job duties at the listed employers should be included with this application.**

Name When Employed (used for employment verification):	Dates of Employment (from/to):
Company and Type of Business:	Supervisor Name and Title:
Company Phone Number:	Company Address:
Position/Job Title:	Reason for Leaving:
Job duties are reflected on the attached resume? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, attach additional description.	Can we contact this employer if you are being evaluated for a position? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name When Employed (used for employment verification):	Dates of Employment (from/to):
Company and Type of Business:	Supervisor Name and Title:
Company Phone Number:	Company Address:
Position/Job Title:	Reason for Leaving:
Job duties are reflected on the attached resume? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, attach additional description.	Can we contact this employer if you are being evaluated for a position? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name When Employed (used for employment verification):	Dates of Employment (from/to):
Company and Type of Business:	Supervisor Name and Title:
Company Phone Number:	Company Address:
Position/Job Title:	Reason for Leaving:
Job duties are reflected on the attached resume? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, attach additional description.	Can we contact this employer if you are being evaluated for a position? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name When Employed (used for employment verification):	Dates of Employment (from/to):
Company and Type of Business:	Supervisor Name and Title:
Company Phone Number:	Company Address:
Position/Job Title:	Reason for Leaving:
Job duties are reflected on the attached resume? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, attach additional description.	Can we contact this employer if you are being evaluated for a position? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY (continued)

List your employment history beginning with the most recent. Provide at least the last ten years or last four employers. **A resume explaining your job duties at the listed employers should be included with this application.**

Name When Employed (used for employment verification):	Dates of Employment (from/to):
Company and Type of Business:	Supervisor Name and Title:
Company Phone Number:	Company Address:
Position/Job Title:	Reason for Leaving:
Job duties are reflected on the attached resume? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, attach additional description.	Can we contact this employer if you are being evaluated for a position? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name When Employed (used for employment verification):	Dates of Employment (from/to):
Company and Type of Business:	Supervisor Name and Title:
Company Phone Number:	Company Address:
Position/Job Title:	Reason for Leaving:
Job duties are reflected on the attached resume? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, attach additional description.	Can we contact this employer if you are being evaluated for a position? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name When Employed (used for employment verification):	Dates of Employment (from/to):
Company and Type of Business:	Supervisor Name and Title:
Company Phone Number:	Company Address:
Position/Job Title:	Reason for Leaving:
Job duties are reflected on the attached resume? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, attach additional description.	Can we contact this employer if you are being evaluated for a position? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name When Employed (used for employment verification):	Dates of Employment (from/to):
Company and Type of Business:	Supervisor Name and Title:
Company Phone Number:	Company Address:
Position/Job Title:	Reason for Leaving:
Job duties are reflected on the attached resume? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, attach additional description.	Can we contact this employer if you are being evaluated for a position? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT GAPS (explain any gaps in employment for three or more months)	
Dates (from/to)	Reason

EMPLOYMENT CONDITIONS

Please read the following statements carefully; they constitute the conditions under which you might be employed by CDAC Behavioral Healthcare, Inc.

The CDAC Behavioral Healthcare, Inc. advises you that as your employment application is being processed an investigative Department of Children and Families report may be ordered, including information as to your character, general reputation, personal characteristics and mode of living. Upon your written request within a reasonable time from the date of this application, additional information as to the nature and scope of the report will be provided. The purpose is, among other things, to verify the completeness and accuracy of the employment application.

Conviction of a crime is not an automatic disqualification. However, successful clearance of a Level II Background Screening which includes federal and local level background checks, is required to maintain compliance with the Department of Children and Families. Positions in the school districts also require an additional background check, which includes juvenile records, charges where adjudication was withheld and/or the records were sealed. Additionally, positions which require routine use of a vehicle to meet job duties must meet criteria as an eligible driver.

I further understand that, as a condition of employment, I will be required to supply documentation adequate to satisfy the requirements of the Immigration Reform and Control Act of 1986.

I further understand that, if employed, my employment shall be for an indefinite period and it may be terminated by me or by CDAC Behavioral Healthcare, Inc. at any time for any reason without notice. Nothing shall alter this at-will relationship unless in writing and signed by the CEO/Executive Director of CDAC Behavioral Healthcare, Inc.

The information that I have provided on this application is accurate to the best of my knowledge and subject to validation by CDAC Behavioral Healthcare, Inc. I understand and agree that any misrepresentation or omission of a fact in my application may be justification for refusal of employment or if employed, termination from CDAC Behavioral Healthcare, Inc.

I authorize the persons, schools, current employer (if indicated as approved above) and other employers named in this application to provide CDAC Behavioral Healthcare, Inc. with all information that may be required to arrive at an employment decision.

In compliance with the Drug Free Workplace Act of 1988, CDAC Behavioral Healthcare, Inc. is committed to providing a workplace free from illegal substances. You may be required as a condition of employment to submit a pre-employment testing for illegal substances.

Signature of Applicant

Date

CDAC Behavioral Healthcare, Inc. is an Equal Opportunity Employer and a Drug Free Workplace.

CONFIDENTIAL PRE-EMPLOYMENT INFORMATION FORM

In compliance with federal and state equal employment opportunity laws, all qualified applicants will be considered without regard to race, color, sex (including gender identity, sexual orientation, and pregnancy), national origin, age, religion, marital status, genetics, disability, veteran status, or retaliation, which includes opposing participation in any complaint process at the EEOC. To help us comply with federal and state equal employment recordkeeping, reporting, and other obligations, please answer the questions below. **The information provided will be kept confidential, and this form will be maintained in a separate location from your application.** This information is voluntary and refusal to provide it will not adversely affect consideration of your application.

Specific Position(s) Sought: _____ Date of Birth: _____

Gender: Male Female

Veteran Status: Yes No

If yes, active duty dates: _____

Race/Ethnic Group:

Vietnam Era Veteran: Yes No

Hispanic or Latino

Disabled Veteran: Yes No _____%

White (Not Hispanic or Latino)

Black or African American (Not Hispanic or Latino)

American Indian or Alaskan Native (Not Hispanic or Latino)

Asian (Not Hispanic or Latino)

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

Two or More Races (Not Hispanic or Latino)

To qualify as a Disabled Veteran, you must be a veteran entitled to V.A. disability compensation for disability rated at 30% or more, or a veteran discharged or released from active duty because of a service connected disability. To qualify as a Veteran of the Vietnam era, you must be a person who (1) served on active duty for more than 180 days, some part of which was between August 5, 1964 and May 7, 1975 and was discharged or released with other than a dishonorable or bad conduct discharge or (2) was discharged or released from active duty because of a service connected disability if any part of such active duty was between August 5, 1964 and May 7, 1975.

Under Section 503 of the Rehabilitation Act of 1973, a disabled individual is defined as a person who (1) has a physical or mental impairment which subsequently limits one or more life activity(s), (2) has a record of such impairment, or (3) is regarded as having such an impairment.

NOTICE

CDAC Behavioral Healthcare, Inc. is a government contractor subject to Section 503 of the Rehabilitation Act of 1973, which requires government contractors to take affirmative action to employ and advance in employment qualified individuals with a disability. If you have such a disability and would like to be considered under the affirmative action program, please tell us. Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that (i) supervisors and managers may be informed regarding restriction on the work or duties of individuals with disability, and regarding necessary accommodations, (ii) first aid and safety personnel may be informed when and to the extent appropriate, if the condition might require emergency treatment, and (iii) government officials investigating compliance with the Act shall be informed.

If you are an individual with a disability, we would like to include you under the affirmative action program. It would assist us if you tell us about (1) any special methods, skills and procedures which qualify you for positions that you might not otherwise be able to do because of your disability, so that you will be considered for any positions of that kind, and (2) accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, or other accommodations.

CDAC Behavioral Healthcare, Inc. is a government contractor subject to Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974 which requires government contractors to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam era. If you are a disabled veteran covered by this program and would like to be considered under the affirmative action program, please tell us. This information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work duties or disabled individuals, and regarding necessary accommodations, (ii) first aid and safety personnel may be informed when and to the extent appropriate, if the condition might require emergency treatment. In order to assure the proper placement of all employees, we do request that you answer the following questions: If you have a disability which might affect your performance or create a hazard to yourself or others in connection with the job for which you are applying, please state the following: (1) the skills and procedures you use or intend to use to perform the job notwithstanding the disability and (2) the accommodations we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job or other accommodations

A copy of our Affirmative Action Program covering the Disabled and Veterans is available for your reference. For further information, contact the Human Resources Department.