

If Yes, please explain

10. Have you been the subject of any adverse action(s) by any state licensing authority, credentialing committee of a health care facility, credentialing committee of a health care plan or other sanctioning or disciplinary agency for either your conduct or performance? If yes, explain.

Yes No

11. Have you ever or are you now excluded from participation in federal health care programs? If yes, explain.

Yes No



EDUCATION

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

PROFESSIONAL REFERENCES

Give Name, Address, Phone Number and Relationship

1. _____
2. _____
3. _____

Licenses and Certifications

List all applicable licenses and certifications you currently hold.

1. _____
2. _____
3. _____



EMPLOYMENT EXPERIENCE

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

REASONABLE ACCOMMODATION

To the best of your knowledge, do you potentially require accommodation(s) in order to perform the essential functions of the job?

Yes **No**

If yes, please describe this/these accommodation needs. CRC Health Group and its subsidiaries will endeavor to make reasonable accommodations as indicated:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I understand that falsification, omission or misstatement of information may result in refusal to hire or, if hired, termination of employment.

I hereby give permission to CRC Health Group, its subsidiaries and any third party it so chooses to utilize, to conduct a check on my background, including but not limited to, work history, business or criminal investigation, and hold harmless the above referenced.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the 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. In addition, I understand that CRC Health Group will have the right to impose discipline or alter my position at its discretion. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date