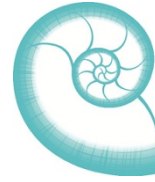


GENERAL INSTRUCTIONS:

- Complete the application in its entirety.
- Type or neatly print in ink.
- Provide copies of license(s) and/or certification(s).
- Sign your name in the Certification Section (page 4).
- All information is subject to verification.



Nautilus Behavioral Health

APPLICATION FOR EMPLOYMENT

CONTACT INFORMATION:

Full Name: _____

Maiden/Alternate Name: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

EDUCATION & TRAINING:

UNDERGRADUATE:

Name of School	Location	Dates of Attendance (Month/Year)		Major & Minor Course of Study	Type of Degree Earned
		From	To		

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

GRADUATE:

Name of School	Location	Dates of Attendance (Month/Year)		Course of Study	Type of Degree Earned
		From	To		

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

INTERNSHIP & POSTDOCTORAL FELLOWSHIP

Name of Training Program	Location	Dates of Attendance (Month/Year)		Track or Specialization	Program Completed	
		From	To		Yes	No

YOUR NAME, IF DIFFERENT WHILE IN PROGRAM: _____

LICENSURE, REGISTRATION, CERTIFICATION (e.g., Ph.D., Psy.D., ABPP, BCBA, etc.)

License, Registration, or Certification	License/Certificate Number	Date Received	Expiration Date	Licensing/Certifying Agency

KNOWLEDGE/SKILLS/ABILITIES (KSAs):

List KSAs you possess and believe relevant to the position you seek, such as working with children, experience with special education, providing therapy, etc.

DISCIPLINARY & CRIMINAL HISTORY:

IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS IN THIS SECTION, YOU MUST PROVIDE A DETAILED EXPLANATION INCLUDING DATE(S), LOCATION(S), SPECIFIC CIRCUMSTANCES, AND ANY RELEVANT OFFICIAL DOCUMENTATION. THIS INFORMATION MUST BE PROVIDED FOR EACH RELEVANT INCIDENT FALLING UNDER EACH AFFIRMATIVE RESPONSE.

Have you ever been convicted of a felony or a first-degree misdemeanor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever pled no contest or pled guilty to a crime which is a felony or a first-degree misdemeanor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever had the adjudication of guilt withheld for a crime which is a felony or a first-degree misdemeanor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you been arrested for any matters for which you are currently out on bail or on your own recognizance, pending trial?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

NOTE: A "YES" answer to the above questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying will be considered [see §112.011, F.S.]

Have you ever been sanctioned in any state or federal program? <small>("Sanction" is defined as recoupment, payment hold, imposition of penalties or damages, contract cancellations, exclusion, debarment, suspension, revocation, or any other synonymous action)</small>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
--	------------------------------	-----------------------------

Has your professional license been revoked, suspended or otherwise restricted in any state?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been denied licensure in any health-related profession in any state, or been granted licensure under restrictions of any kind (e.g., probation, etc.)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever voluntarily surrendered a professional healthcare license or certification in lieu of disciplinary action?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you currently have pending, or have you had any malpractice or professional negligence claims, suits, or actions settled, arbitrated, mediated or litigated?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been denied professional liability insurance coverage, been terminated or had coverage modified by an insurance carrier or rated in a higher-than-average risk class?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

NOTE: You may be subject to a license or certification verification/status check with your licensing or certification board. *If "Yes" was answered to any licensure-related questions, fully explain the details, including date, the state where the incident occurred, name of the board or agency, and any adverse action against your license.*

HEALTH-RELATED:

Do you have any physical, mental or substance abuse problem(s) that could, without reasonable accommodation, impede your ability to provide care according to accepted standards of professional performance or pose a threat to the health or safety of beneficiaries?

YES

NO

If "YES", explain: _____

CITIZENSHIP:

Are you a U.S. Citizen?

YES

NO

If no, are you legally authorized to accept employment with the specific hiring authority to which you are applying?

YES

NO

CERTIFICATION:

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators and the authorized employees of Nautilus Behavioral Health for employment purposes. This consent will continue to be effective during my employment if I am hired. I certify that to the best of my knowledge all statements contained herein and on any attachments are true, correct, complete, and made in good faith.

I am aware that any offer of employment made to me will be pending my ability to pass a background check, license verification and drug test.

SIGNATURE: _____

DATE: _____