

List any other job related skills or certifications that are relevant to the position you are applying for:

Do you possess a valid motor vehicle driver's license? Yes No

Community Based Interventions requires a pre-employment criminal background check, central registry check and drug screen.

Employment History

List jobs beginning with your most recent. List your entire work history, list promotions as a separate job. Be as accurate as possible.

1. Employer: _____ Address: _____
From: _____ To: _____ Hours per week: _____
Title: _____ Last Salary: _____
Supervisor: _____ May we contact: Yes No
Phone: _____ Reason for leaving: _____
Job Duties: _____
2. Employer: _____ Address: _____
From: _____ To: _____ Hours per week: _____
Title: _____ Last Salary: _____
Supervisor: _____ May we contact: Yes No
Phone: _____ Reason for leaving: _____
Job Duties: _____
3. Employer: _____ Address: _____
From: _____ To: _____ Hours per week: _____
Title: _____ Last Salary: _____
Supervisor: _____ May we contact: Yes No
Phone: _____ Reason for leaving: _____
Job Duties: _____

Neither this application nor an interview constitutes a contract of employment and if hired, all employees of CBI are employees-at-will who may quit for any or no reason and may be terminated at any time for any or no reason.

Certification of Applicant

I certify that the information in this application is accurate and complete to the best of my knowledge. I am aware that any information supplied on this application that is false may remove me from consideration for employment with CBI and future findings of false information may result in dismissal. I am authorizing agents of CBI to investigate my employability with the agency by contacting all individuals, organizations and/or agencies listed on this application. I also understand that CBI is a drug free workplace and that I may be tested for substance abuse prior to appointment and at any other time requested by CBI.

CBI does not discriminate on the basis of race, sex, religion, national origin or disability in the determination of employment.

Date: _____ Signature of Applicant: _____