



E: CONTACTUS@HBHCARES.COM
 P: (602) 341-9300
 W: HBHCARES.COM

Date of Application: _____

Applicant Information

Name: _____
 (First) (Middle Initial) (Last) (Other Names Used)

Address: _____ Years/Months at Address _____
 (street, city, state, zip code)

Cell Phone: _____ Home Phone: _____

Email Address: _____

Are you legally eligible to work in the United States and are able to provide the necessary documentation for verification of eligibility? Yes _____ No _____

Are you at least 18 years of age? Yes _____ No _____

Have you ever served in the armed forces? Yes _____ No _____

Therapists are required to drive to and from clients' homes as per the home-based sessions provided by Harmony Behavioral Health. Are you able to meet this requirement as part of the job duties? Yes _____ No _____

Do you have a reliable mode of transportation? Yes _____ No _____

Are you able to provide proof of insurance? Yes _____ No _____

Is the insurance in good standing? Yes _____ No _____

Availability

Employment Interest: Full-time _____ Part-time _____ Both _____

Please indicate your availability (days/time) for work: Morning (am: 8-12), afternoon (pm; 12-4), & evening (evening; 4-6).

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					
EVE					



Criminal Background

Instructions: Do not reply “yes” if the arrests or detention did not result in conviction, referrals to, and participation, in any pretrial or post-trial diversion program, marijuana-related convictions more than 2 years old; convictions for which the record has been judicially dismissed/sealed; and first convictions for misdemeanors of drunkenness, simple assault, speeding, minor traffic violations, or disturbances of the peace or misdemeanor convictions where 5 or more years have elapsed between the application date and the date of conviction or completion of incarceration, whichever is later. NOTE: A criminal conviction(s) may or may not constitute an automatic disqualification for employment.

Have you ever been convicted of any crime? Yes _____ No _____

If yes, please provide a description of the offence _____

Educational Background

Indicate the last level of education completed:

High School _____ College/University _____ Graduate School _____

Name of School	City, State	Major	Degree	Date of Diploma

Skills

Trainings/Skill/Experience in this field or other related fields: _____

Do you have any licenses or certifications related to this field or related fields?

Type: _____ Number: _____ State: _____ Expiration Date: _____
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Employment History

List employers beginning with the most recent first.

Company Name (street, city, state, zip code)

Starting Job Title Ending Job Title Company Phone

May we contact your employer? Yes _____ No _____

If yes, provide supervisor name and title: _____
Name Title

Dates of Employment: _____
Starting Date (DD/MM/YYYY) Ending Date (DD/MM/YYYY)

Job Duties: _____

Reasons for Leaving: _____

Company Name (street, city, state, zip code)

Starting Job Title Ending Job Title Company Phone

May we contact your employer? Yes _____ No _____

If yes, provide supervisor name and title: _____
Name Title

Dates of Employment: _____
Starting Date (DD/MM/YYYY) Ending Date (DD/MM/YYYY)

Job Duties: _____

Reasons for Leaving: _____



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Company Name (street, city, state, zip code)

Starting Job Title *Ending Job Title* *Company Phone*

May we contact your employer? Yes _____ No _____

If yes, provide supervisor name and title: _____
Name *Title*

Dates of Employment: _____
Starting Date (DD/MM/YYYY) *Ending Date (DD/MM/YYYY)*

Job Duties: _____

Reasons for Leaving: _____

Company Name (street, city, state, zip code)

Starting Job Title *Ending Job Title* *Company Phone*

May we contact your employer? Yes _____ No _____

If yes, provide supervisor name and title: _____
Name *Title*

Dates of Employment: _____
Starting Date (DD/MM/YYYY) *Ending Date (DD/MM/YYYY)*

Job Duties: _____

Reasons for Leaving: _____



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References

Provide three professional references below:

Name *Email* *Phone* *Professional Relationship*

Name *Email* *Phone* *Professional Relationship*

Name *Email* *Phone* *Professional Relationship*

Applicant Statement

I certify that all the information provided herein is true and complete to the best of my knowledge. I agree and understand that omissions, misstatements and falsifications may cause forfeiture on my part of all eligibility to any employment Harmony Behavioral Health and may be cause for rejection of this application, removal of my name from eligibility lists, or dismissal from employment. In addition, I give the Harmony Behavioral Health the right to verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency, individual, or educational institution assisting in providing relevant, job-related information to assist in the employment process. I understand a tuberculosis test is a requirement to work at Harmony Behavioral Health and agree to abide and present the necessary documentation of proof at the time of new hire. TB test must be in good standing one year prior to hire.

My signature below certifies that I have read and understand this application and agree to the terms and conditions outlined in this document.

Applicant Signature: _____ Date: _____

Thank you!

Applications may be submitted by email, fax, or by appointment.

Harmony Behavioral Health, LLC
Phone Number: (602) 341-9300
Email: ContactUs@hbhcares.com
Fax: (480) 498-8094

Please contact us for any additional information.

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