



## METROPOLITAN BEHAVIORAL HEALTH SERVICES

5900 Princess Garden Parkway, Suite 670  
Lanham, Maryland 20706  
P: 301-851-5954 F: 301-851-5932

### APPLICATION

Check One:  Therapist  Rehabilitation Coordinator (R/C)  Other: \_\_\_\_\_

### PERSONAL INFORMATION

Name:

\_\_\_\_\_ Last First MI

Address:

\_\_\_\_\_ Street Address City State Zip Code

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Business: \_\_\_\_\_

U.S. Citizen? [ ] Yes [ ] No If No, give the country of your citizenship: \_\_\_\_\_

### EDUCATION

Mark the highest level completed:

[ ] Some HS [ ] HS/GED [ ] Associate [ ] Bachelor [ ] Master [ ] Doctorate

Last High School or GED School: \_\_\_\_\_

School City/State/Zip Code

Year Diploma or GED Received: \_\_\_\_\_

Colleges and Universities Attended:

1. Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Semester Credit Hours Earned: \_\_\_\_\_ Quarter Hours Earned: \_\_\_\_\_

Major (s) or Degree (if earned): \_\_\_\_\_

Date Received: \_\_\_\_\_

2. Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Semester Credit Hours Earned: \_\_\_\_\_ Quarter Hours Earned: \_\_\_\_\_

Major (s) or Degree (if earned): \_\_\_\_\_

Date Received: \_\_\_\_\_

3. Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Semester Credit Hours Earned: \_\_\_\_\_ Quarter Hours Earned: \_\_\_\_\_

Major (s) or Degree (if earned): \_\_\_\_\_

Date Received: \_\_\_\_\_

## LIST JOB RELATED SPECIALIZED TRAINING, LICENSES, CERTIFICATE

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### EXPERIENCE

Describe your paid and non-paid work experience related to the job for which you are applying. Begin with most recent employment.

1. Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_ (per month)

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties: \_\_\_\_\_

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2. Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_ (per month)

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties: \_\_\_\_\_

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3. Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_ (per month)

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties: \_\_\_\_\_

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May we contact your current supervisor?  Yes  No  
(If we need to contact your supervisor before making an offer, we will contact you first.)

Have you ever been convicted of any violation of the law other than minor traffic violations?  Yes  No  
If yes, give date, place of conviction, charge and disposition of each case.

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### REFERENCES

List 3 references. Do not list family members.  
(Important – Please provide current and accurate phone numbers and addresses.)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Phone: \_\_\_\_\_

### APPLICANT CERTIFICATION AND SIGNATURE

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information may be grounds for not hiring me or for firing me, after I begin work.

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**Applicant Signature**

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**Date**