Helio Health
Where hope meets healing

TransformNation

Helio Health Training Institute

SUPERCARE Training and Field Placement Program Application

Last Name:		First Name:			
Address:					
City:		State:		Zip:	
Email:		Social Security Number:			
Home Phone:		Cell Phone:			

Which SUPERCARE program are you applying for (check only one box)?

	CASAC		CRPA

Check all that apply:

Are you able to perform the job functions with or without reasonable accommodations?	Yes		No	
Are you a current citizen of the United States?	Yes		No	
If "No", are you authorized to work in the United States?	Yes		No	
Have you ever worked for Helio Health?	Yes		No	
Do you have a valid New York State Driver's License?	Yes		No	

EDUCATION AND PROFESSIONAL EXPERIENCE						
High School:					City/State:	
Did you graduate?	Yes		No		Degree:	
College (Undergrad):					City/State:	
Did you graduate?	Yes		No		Degree:	
Graduate School:					City/State:	
Did you graduate?	Yes		No		Degree:	
Other Education:					City/State:	
Did you graduate?	Yes		No		Degree:	

Professional Licenses/Credentials/Certifications:	

*****PLEASE ATTACH COPIES OF ALL DIPLOMAS/DEGREES LISTED ABOVE*****

Do you have any experience in the substance use treatment field?				Yes		No
If "yes", please answer the following questions:						
Company/Agency:				City/State:		
From (M/Y):		To (M/Y):		Average Hours Per Week:		
Company/Agency:				City/State:		
From (M/Y):		To (M/Y):		Average Hours Per Week:		

DISCLAIMER AND SIGNATURE

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for dismissal from the SUPERCARE Training and Apprenticeship Program, no matter when discovered by Helio Health. I understand that filling out this form does not indicate acceptance into the SUPERCARE program and does not obligate Helio Health to hire. I agree to abide by all Helio Health program standards and rules. Helio Health retains the right to revise its policies or procedures in whole or in part at any time.

I understand that due to the nature of this program (e.g. field placement in a clinical setting), acceptance is conditioned on a background check. I authorize Helio Health to thoroughly investigate my criminal and/or financial background, and all statements contained on my application. In addition, I release Helio Health, any former employers, and all references listed above from any and all claims, demands or liabilities arising out of or related to investigation or disclosure.

If accepted into the SUPERCARE program, I also agree to submit to a medical examination or drug test at any time deemed appropriate by Helio Health and as permitted by law. I consent to such examinations or drug tests and I request the examining physician disclose to Helio Health the results of the examination, which results shall remain confidential and segregated from my personnel file.

_____ _____

Signature Date

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on the basis of: race, creed, color, sex (including pregnancy, gender identity and sexual orientation), parental status, religion, national origin, citizenship, status as a victim of domestic violence, age, military or veteran status, handicap or disability, family medical history or predisposing genetic characteristics or carrier status, marital status, family status, political affiliation, felony conviction record, status as a victim of a crime, or any other protected categories, status or activity protected by Federal, State or Local Law.

TRAINING INSTITUTE – OFFICIAL USE ONLY

Application Received On:				
Date Sent to HR:				
Application Approved?	Yes		No	

Applicant Sent Notification of Approval/Denial (Date):	

Date Applicant Added To Class (if applicable):	