STUDENT APPLICATION

Compass Health Network

Royal Oaks Hospital
Compass Health Network

Adapt Missouri

Applicants are considered without regard of race, color, religion, sex, age, national origin, disability, pregnancy status, veteran status, gender identity/expression, sexual orientation, genetic information, or any other status protected by law.

(PLEASE PRINT)

Opportunity Interested In:	Date:

Last Name	First Name	Middle Name	Name You Use

Address	City	State	Zip Code

Telephone Number(s)	Email Address

Semesters Requesting Internship: ☐ Fall ☐ Spring ☐ Summer Year _____ Date available ____/____/____

Availability: Mon _____ Tues _____ Weds _____ Thurs _____ Fri _____ Sat _____ Sun_____

Weekly Number of Hours to be Completed: _____ Total Number of Hours to be Completed: _____

Recording Sessions Required: ☐ Yes ☐ No Number of Recording Sessions Required (if applicable): _____

Primary Location of Interest: _____ Other Acceptable Location(s) of Interest: _____

Education/Licensure Required for Supervisor: _____

Program Advisor & Contact Info. (Email and/or Phone #):

Have you ever filed an application with us before?..... ☐Yes ☐No

If Yes, give date_____

Have you ever worked for Compass, Family Counseling, Pathways, Royal Oaks, Crider Health Center, COMTREA or Adapt of Missouri?..... ☐Yes ☐No

If Yes, give date_____

Do any of your relatives work here?..... ☐Yes ☐No

If Yes, please list name and relationship _____

Are you a spouse, child, parent, brother, or sister by blood or marriage of any member of the Board of Directors of Compass Health, Inc.? ..... ☐Yes ☐No

Have you ever had a probable cause finding of abuse or neglect by the Department of Family Services? ……... ☐Yes ☐No

If Yes, please explain _____

Have you been convicted of, pleaded guilty or nolo contendre to, or received a suspended imposition and/or execution of sentence (SIS or SES) for a felony or misdemeanor; or are actively on probation or parole? …….. ☐Yes ☐No

If Yes, please explain _____

Have you ever been, or are you currently, on the Federal OIG exclusion list or any state's Employee Disqualification List? …… ☐Yes ☐No

If Yes, please explain _____

Notice for all applicants: A conviction or guilty plea is not necessarily a bar to admission and will be considered only as it relates to the opportunity. Additionally, this question does not include, and you are not required to disclose, guilty pleas or convictions of criminal offenses when: the guilty pleas or conviction record has been sealed, expunged, erased, eradicated, annulled, or pardoned by a court and/or pursuant to applicable law.

EDUCATION

	Name and Address of School	Major/Course of Study	Diploma/Degree Awarded
High School	Name: _____ Address: _____ City: State: Zip:		***Type of Diploma/Degree*** High School, GED, Other _____ Graduated? ☐ Yes ☐ No
Undergraduate College	Name: _____ Address: _____ City: State: Zip:		***Type of Diploma/Degree*** _____ Graduated? ☐ Yes ☐ No
Graduate Professional	Name: _____ Address: _____ City: State: Zip:		***Type of Diploma/Degree*** _____ Graduated? ☐ Yes ☐ No
Other (Specify)	Name: _____ Address: _____ City: State: Zip:		***Type of Diploma/Degree*** _____ Graduated? ☐ Yes ☐ No

Describe any specialized training, military training, apprenticeship, skills, and extra-curricular activities that would be a benefit in the job for which you are applying.

_____

LICENSE (IF APPLICABLE EMAIL COPY OF ORIGINAL LICENSE TO RECRUITER)

License Type: _____ **License Type:** _____

License #: _____ **License #:** _____

REFERENCES

Please provide name and contact information for individuals who can attest to your suitability for the position for which you are applying.

1. _____
Name Email Phone #

_____
Address City State Zip

2. _____
Name Email Phone #

_____
Address City State Zip

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application.

In the event I am accepted for an internship, I understand that false, misleading, or omitted information given in my application or interview(s) may result in withdrawal or termination of the arrangement. I understand I am required to abide by all rules and regulations of the organization.

_____ _____

Signature of Applicant Date