



AREA MENTAL HEALTH CENTER
Serving Southwest Kansas Since 1961

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Applicants are considered for all positions without regard to race, color, religious opinions or affiliations, sex, national origin, age, veteran status, marital status, disability and any other protected classes under relevant federal, state, and local laws, provided the applicant is qualified and with reasonable accommodations, can perform the essential functions of the job in question, pursuant to section 504 of the rehabilitation act of 1973. Area Mental Health Center is an equal opportunity employer and does not discriminate in hiring or employment practice.

(PLEASE PRINT OR TYPE)

Last Name		First Name		Middle		Social Security Number	
Address		City		State		Zip Code	
Address		City		State		Zip Code	
Position you are applying for:						Date of Application	
How did you learn of this opening?				Are you applying for:			
				<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time	
				<input type="checkbox"/> Temporary (as needed)			
Do you have relatives employed Area Mental Health Center?						Date available for work:	
<input type="checkbox"/> No		<input type="checkbox"/> Yes		Name:			
<input type="checkbox"/> No		<input type="checkbox"/> Yes		Date:			
Have you ever been employed by Area Mental Health Center?		Are you under 18 years of age?		What is your desired salary?			
<input type="checkbox"/> No		<input type="checkbox"/> No					
<input type="checkbox"/> Yes		<input type="checkbox"/> Yes					
Long range occupational goals:				Would you be available to work:			
				Weekends & Holidays			
				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Are you a U.S. Citizen or an alien legally authorized to work in the United States?				May we contact your present employer?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
				On Call			
				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
				Any shift			
				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
				Shift preference:			
<input type="checkbox"/> Days		<input type="checkbox"/> Evenings		<input type="checkbox"/> Nights			
Have you ever been convicted of a crime that has not been expunged or sealed by a court?						<input type="checkbox"/> Yes	
						<input type="checkbox"/> No	
If yes, explain: _____							

A criminal history does not automatically disqualify you from employment.							
Do you currently use, or have you used within the last year, drugs or controlled substances illegally?						<input type="checkbox"/> Yes	
						<input type="checkbox"/> No	
If yes, explain: _____							

Education/Skills

School	Name & Address of School	Course of Study	Circle Last Year				Did you Graduate?	List Diploma
High School	_____ _____		1	2	3	4	€ Yes € No	_____ _____
College/ Vo-Tech	_____ _____		1	2	3	4	€ Yes € No	_____ _____
Post Graduate	_____ _____		1	2	3	4	€ Yes € No	_____ _____

Other Business, College, Special Courses (Include Special Military Training, Post Graduate)

List Computer Skills, Business or Industrial Equipment Operated:

Special Skills and Qualifications

Describe any specialized job related skills, qualifications, training, apprenticeship, skills, honors and extra-curricular activities that could be job related or were acquired from employment or other experience. State any additional information you feel may be helpful to us in considering your application. List professional, trade business or civic activities and offices held.

(You may exclude membership which would reveal sex, religion, national origin, age, ancestry, foreign language, handicap or other protected status.)

Licensure, Registration, and/or Certifications EXAMPLES: Drivers License, LSCSW, LMLP, LCP, LMFT, LCPC, RN, etc.

License, Registration or Certification	Number	Date Received	Expiration	State Issued

References

List at least three (3) references who are not relatives or close friends, whom we may contact to verify your qualifications:

Name	Title	Company Name & Address	Telephone (Must provide)
		_____ _____	
		_____ _____	
		_____ _____	

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, marital status, veteran or other protected status.

List all jobs during last ten (10) years.

Account for all periods of military service and unemployment, (provide additional sheets if necessary)

From:		To:		Company Name & Address _____ _____
Month	Year	Month	Year	
Salary				
Start		Final		Supervisors Name & Title Phone Reason for leaving:
From:		To:		Company Name & Address _____ _____
Month	Year	Month	Year	
Salary				
Start		Final		Supervisors Name & Title Phone Reason for leaving:
From:		To:		Company Name & Address _____ _____
Month	Year	Month	Year	
Salary				
Start		Final		Supervisors Name & Title Phone Reason for leaving:



CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

I undersigned applicant for employment, in return for Area Mental Health Center's consideration of me as a possible employee, agrees and consents that the Area Mental Health Center and its agents have permission any time before or after employment to contact my former employer(s) and any other necessary contacts. I voluntarily and knowingly authorize any present employer or past employer/supervisor, college, other institute of learning, administrator, private business, registries and background information organizations, personal reference and/or other person to give records of information requested by Area Mental Health Center. I authorize the investigation of any or all statements provided during the process of this application. I voluntarily and knowingly, unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. A photographic or faxed copy of the authorization shall be as valid as the original.

I authorize the investigation of any or all statements provided during the process of this application to hereby release said companies, schools, or persons from all liability for any damages for issuing this information concerning my employment and background:

- | | |
|-------------------------------|--|
| 1. Dates of employment | 4. Evaluations |
| 2. Salary and Wage History | 5. Reason for release from service, voluntarily or involuntarily |
| 3. Job Description and duties | 6. Criminal/Background/Driving Records |

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Area Mental Health Center is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge an employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Executive Director and his/her appointee.

I understand that this application shall be considered active for a period of time not to exceed thirty (30) days. If I wish to be considered for employment beyond this time period I should inquire as to whether or not applications are being accepted at that time for a specific position that I am interested in.

In accordance with the DRUG FREE WORKPLACE ACT of 1988, Area Mental Health Center is a drug free work place and can request drug testing. Providing a drug free workplace will allow all employees to enjoy a safe, productive and healthy work environment. Employees are urged to seek assistance prior to problems affecting on-the-job performance.

I understand that in the event I am offered a position with Area Mental Health Center, employment is contingent upon my passing criminal background checks, adult and child protective services check, the sexual offender registry check, a physical examination if applicable and a drivers license check.

I hereby affirm that the information provided on this application (and accompanying resume, if any) or in the interview(s) is true and complete. In the event of employment, I understand that any false, misleading representations or omissions will disqualify me from further consideration for employment and will result in discharge even if discovered at a later date.

I realize that as a condition of employment, I will be required to show original documentation of both identity and eligibility to work in the United States.

I have read, understand and agree to abide by the above listed statements and authorized release of information.

Date

Prospective Employee Signature

Date of Birth

Social Security Number

Driver's License Number / State Issued

List all names used in the past:
