



SOUTHWEST BEHAVIORAL HEALTH CENTER

Application for Employment

Southwest Behavioral Health Center does not discriminate against anyone on the basis of age, race, color, national origin, ancestry, creed or religion, disability, sex, political affiliation, or any other designations stipulated by applicable state and national law.

*After a conditional offer of employment, the prospective employee must pass a drug and alcohol test within forty-eight (48) hours after the offer being made. Failure to report to the testing facility will be deemed a rejection of the offer of employment.

Position Applying For: _____

Last Name _____ **First Name** _____ **Middle Name** _____

Address _____

City _____ **State** _____ **Zip Code** _____

Telephone Number _____ **E-Mail Address** _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever been employed with Southwest Behavioral Health Center before? Yes No

If yes, dates of employment _____

Do any of your friends or relatives, including spouse, work for Southwest Behavioral Health Center? Yes No

Name/Relationship _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Date available for work? _____

Desired salary range? _____

Type of Employment acceptable: Full-Time Temporary
 Part-Time Shift Worker

EDUCATION:

High School Graduate? Yes No If no, indicate highest grade completed (1-12) _____

College, Business or Trade Schools (Name and City Location)	Major or Vocational Subjects	Degree/Certificate Date



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WORK EXPERIENCE

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

ATTACH ADDITIONAL PAGES, IF NECESSARY

<u>Employer</u>	<u>Dates Employed</u>		<u>Starting/Present Job Title</u>
	<u>From</u>	<u>To</u>	
<u>Supervisor</u>	<u>May We Contact</u>		<u>Reason for Leaving</u>
	<u>Yes</u>	<u>No</u>	
<u>Address</u>	<u>Telephone</u>		<u>Hourly Rate/Salary</u>
<u>Responsibilities and Duties</u>			
<u>Employer</u>	<u>Dates Employed</u>		<u>Starting/Present Job Title</u>
	<u>From</u>	<u>To</u>	
<u>Supervisor</u>	<u>May We Contact</u>		<u>Reason for Leaving</u>
	<u>Yes</u>	<u>No</u>	
<u>Address</u>	<u>Telephone</u>		<u>Hourly Rate/Salary</u>
<u>Responsibilities and Duties</u>			
<u>Employer</u>	<u>Dates Employed</u>		<u>Starting/Present Job Title</u>
	<u>From</u>	<u>To</u>	
<u>Supervisor</u>	<u>May We Contact</u>		<u>Reason for Leaving</u>
	<u>Yes</u>	<u>No</u>	
<u>Address</u>	<u>Telephone</u>		<u>Hourly Rate/Salary</u>
<u>Responsibilities and Duties</u>			



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LIST PROFESSIONAL LICENSES, CERTIFICATES, OR REGISTRATIONS

1.	
2.	
3.	

PERSONAL/PROFESSIONAL REFERENCES

Do not include family members or past supervisors - include name, phone [AM/PM], occupation

1.	
2.	
3.	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge 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 an authorized Executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

ADDITIONAL INFORMATION

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Signature of Applicant

Date

Print Form

Southwest Behavioral Health Center is an Equal Opportunity Employer

SBHC Employee Application - 11-15