



Application for Employment Cowley County Mental Health & Counseling Center

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, veteran or any other legally protected status.

Position Applied For	Ad #	Date of Application
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Last Name	First Name	M.I.
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Address	City	State	Zip Code
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Telephone (Home)	Telephone (Cell/Alternate #)	Social Security Number (Optional):
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Some of our positions require that you be at least 21 years of age. Do you meet this criteria? NO YES

For purposes of compliance with the Immigration Reform Control Act, are you legally eligible for employment in the United States? NO YES
Should you become employed you will be required to provide documentation verifying you are eligible to be employed and confirm your identity.

Have you ever been employed by us before? NO YES
If yes, give Date: _____

Do any of your friends or relatives work here? NO YES
If yes, provide their name (s) and relationship: _____

Are you currently employed? NO YES

Date available for work _____ Desired Salary _____

Certifications, Registrations & Licenses (If Applicable)

Certification, Registration or License Type	Document Number	State	Date Issued	Expiration	Temporary or Permanent
					<input type="checkbox"/> T <input type="checkbox"/> P
					<input type="checkbox"/> T <input type="checkbox"/> P
					<input type="checkbox"/> T <input type="checkbox"/> P

Has your License/Registration/Certification ever been under review, revoked or suspended because of activity related to patient care or the performance of your duties in your profession? NO Yes

If yes, Please explain: _____

Criminal History

Have you ever been convicted of or pleaded guilty to a misdemeanor, crime or felony? NO YES

If yes, please explain details (when, where, what): _____

The nature and severity of offense, as well as surrounding facts and circumstances will be considered according to employment policy.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND DRUG FREE WORKPLACE

Work 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, disabilities or other protected status.

Employer	Dates Employed		Work Performed
Address	From	To	
City, State, Zip			
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor			
Reason for Leaving			May we contact? <input type="checkbox"/> Full Time <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part Time

Employer	Dates Employed		Work Performed
Address	From	To	
City, State, Zip			
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor			
Reason for Leaving			May we contact? <input type="checkbox"/> Full Time <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part Time

Employer	Dates Employed		Work Performed
Address	From	To	
City, State, Zip			
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor			
Reason for Leaving			May we contact? <input type="checkbox"/> Full Time <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part Time

Employer	Dates Employed		Work Performed
Address	From	To	
City, State, Zip			
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor			
Reason for Leaving			May we contact? <input type="checkbox"/> Full Time <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part Time

Education & Professional Training

School	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills or experience which are relevant to this position.

Specialized Skills (Check Skills/Equipment Operated)

- | | | | | |
|--------------------------------------|--|---|--|---------------------------------|
| <input type="checkbox"/> Switchboard | <input type="checkbox"/> Typing (Speed: _____ wpm) | <input type="checkbox"/> Microsoft Office | <input type="checkbox"/> Database | <input type="checkbox"/> Filing |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Medical Terminology | <input type="checkbox"/> Office Machines | <input type="checkbox"/> Word Processing | <input type="checkbox"/> PC/MAC |

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal race, color, religion, creed, gender, national origin, age, disability, marital, veteran or any other protected status.

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. 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 understand, also, that I am required to abide by all rules and regulations of the Employer.

READ CAREFULLY BEFORE SIGNING: I understand that any claim or lawsuit against the company must be filed no more than six months after the date of employment action that is subject of the claim or lawsuit. By signing below I waive any statute of limitations to the contrary.

Applicant Signature	Date
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