

HIGH PLAINS MENTAL HEALTH CENTER

Application for Employment

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



APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available		Pay Expected	
Position Applied for			
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?
Are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Will you work overtime if asked? YES <input type="checkbox"/> NO <input type="checkbox"/>
Apart from absence for religious observance, are you available for full-time work?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If not, what hours can you work?

EDUCATION			
High School			Address
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College			Address
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other			Address
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references who are not related to you. (preferably previous supervisors)</i>	
Full Name	Relationship
Company	Phone
Email	
Full Name	Relationship
Company	Phone
Email	
Full Name	Relationship
Company	Phone
Email	

PREVIOUS EMPLOYMENT				
Company		Phone		
Address		Supervisor		
Job Title	Starting Salary	\$	Ending Salary	\$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company		Phone		
Address		Supervisor		
Job Title	Starting Salary	\$	Ending Salary	\$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company		Phone		
Address		Supervisor		
Job Title	Starting Salary	\$	Ending Salary	\$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS
(Exclude those which may disclose your race, color, religion, gender, national origin, disabilities, or other protected status)

ADDITIONAL INFORMATION
Summarize special job-related skills and qualifications acquired from employment or other experience. State any additional information you feel may be helpful to us in considering your application.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize you to communicate with all school officials, former employers, and persons named as references. I hereby release all schools, employers, and references from any liability for any damage whatsoever resulting from giving such information.

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

Signature of Applicant

APPLICATION FOR EMPLOYMENT

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Serving the People of Northwest Kansas

Hays
208 E. 7th
785-628-2871

Colby
750 S. Range
785-462-6774

Goodland
723 Main St.
785-899-5991

Norton
211 S. Norton
785-877-5141

Phillipsburg
783 7th St.
785-543-5284

Osborne
209 W. Harrison
785-346-2184