



SOUTHWEST BEHAVIORAL HEALTH CENTER APPLICATION FOR EMPLOYMENT

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

Position(s) Applying For	Date of Application

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number		Email 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 Center before? Yes No

If Yes, give date _____

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

If Yes, state name, relationship and location _____

Are you currently employed? Yes No

May we contact your present employer? _____ Yes No

Date available for work _____ **What is your desired salary range?** _____

Type of employment acceptable Full Time Temporary
 Part Time Shift Work

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION:

High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Indicate Highest Grade Completed (1 -12)		
College, Business or Trade Schools (Name and City Location)	Major of Vocational Subjects	Length of Time Degree / Certificate

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.

Dates Employed		
Employer	From	Responsibilities and duties:
Address	To	
Telephone	Hourly Rate/Salary	
Starting/Present Job Title		
Supervisor		
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	

Dates Employed		
Employer	From	Responsibilities and duties:
Address	To	
Telephone	Hourly Rate/Salary	
Starting/Present Job Title		
Supervisor		
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	

Dates Employed		
Employer	From	Responsibilities and duties:
Address	To	
Telephone	Hourly Rate/Salary	
Starting/Present Job Title		
Supervisor		
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Additional Information:

Signature of Applicant

Date