

## EMPLOYMENT APPLICATION

**Date:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
**Position Desired:** \_\_\_\_\_  
**Date You Can Start:** \_\_\_\_\_ **Wages or Salary Desired: \$** \_\_\_\_\_

1. Are you willing to work: Weekends?  Yes  No  
 Evenings?  Yes  No  
 Holidays?  Yes  No
  2. Would you like to work:  Full-Time  Part-Time
  3. If this job requires you to travel, are you able to do so?  Yes  No
  4. Are you 18 years of age or older?  Yes  No
  5. Are you either a US citizen or an alien authorized to work in the US?  Yes  No
  6. Have you ever been convicted of a felony?  
 Yes  No **If Yes, please explain:** \_\_\_\_\_
  7. Have you ever been convicted of any offense involving a crime against a child including, but not limited to, the sexual molestation, physical or sexual abuse or rape of a child?  
 Yes  No **If Yes, please explain:** \_\_\_\_\_
- (Conviction of a crime is not an automatic bar to employment. PHMH will consider the nature of the offense, the date of the offense and the relationship between the offense and the position for which you are applying.)
8. Can you perform the essential functions of the job with or without reasonable accommodation?  
 Yes  No
  9. Do you have a valid driver's license?  Yes  No

**10. EDUCATION & TRAINING**

	Name of School	Course of Study	Years Completed	Did you Graduate?
High School				
College				
Other				

11. Describe any special licensing, apprenticeships, certifications or volunteer work you may possess:

\_\_\_\_\_  
\_\_\_\_\_

12. Do you have experience in the following?

- Cash Register       Accounting/Payroll       Microsoft Office Programs
- Customer Service       Personnel Management       Management

13. **EMPLOYMENT HISTORY** (Please list present employer first.)

a. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Duties: \_\_\_\_\_  
 Reason For Leaving? \_\_\_\_\_  
 From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_ May we contact this employer?  Yes  No

b. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Duties: \_\_\_\_\_  
 Reason For Leaving? \_\_\_\_\_  
 From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_ May we contact this employer?  Yes  No

c. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Duties: \_\_\_\_\_  
 Reason For Leaving? \_\_\_\_\_  
 From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_ May we contact this employer?  Yes  No

14. **REFERENCES** (Give the name, address and phone numbers of three persons not related to you, whom you have known for at least one year who can speak of your job/professional qualifications.)

a. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Business: \_\_\_\_\_

b. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Business: \_\_\_\_\_

c. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Business: \_\_\_\_\_

Because Prairie Harvest Mental Health serves vulnerable populations, some positions may require a criminal background check and/or a driver's record check. Employment is contingent upon acceptable results of these investigations. If employed, I will adhere to the agency's policies and procedures. This application will remain active for 90 days. Applicants must renew their applications after that time period to be considered for other job openings.

***My signature verifies that the information contained on this application is true and accurate to the best of my knowledge.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_