

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:** _____