



200 Maine Street, Lawrence KS, 66044

Human Resources: (785) 830-1702

Application for Employment

OUR EQUAL OPPORTUNITY POLICY

At Bert Nash Community Mental Health Center, we are a diverse group of people with varying individual talents, characteristics and personal goals. We have come together in a not-for-profit corporate framework to develop and provide comprehensive mental health services to Douglas County, Kansas residents. We serve a multi-cultural community and as a prominent employer, we are committed to achieving cultural competency in our daily activities with our staff and consumers. Equal opportunity is fundamental to our success as individuals and as a dynamic organization. We do not discriminate against any applicant or employee because of one's racial or ethnic background, religion, sex, age, national origin, marital status, sexual orientation, disability or military service. We follow this policy in every phase of our employment process – in our recruiting and hiring practices, during our training programs, in our guidelines for promotions, in our compensation and benefits packages, when considering transfers and in offering company-sponsored educational, social and recreational activities.



APPLICATION FOR EMPLOYMENT PERSONAL INFORMATION

(This application must be completed in full even if a resume is attached!)

Name: Last First Middle			Telephone Number: ()		E-mail			
Address: Number and Street City State Zip				Social Security No.				
Title or Position you are seeking:			Starting Salary Expectations: From: \$ To: \$					
Date available for work:		Seeking: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> PRN <input type="checkbox"/> INTERN <input type="checkbox"/> TEMP						
Other names under which you have worked or attended school:								
Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No								
How were you referred to Bert Nash CMHC? <input type="checkbox"/> Internet <input type="checkbox"/> BNC Web Site <input type="checkbox"/> Newspaper <input type="checkbox"/> BNC Job Line <input type="checkbox"/> Employee <input type="checkbox"/> School <input type="checkbox"/> Self <input type="checkbox"/> Other: _____								
Have you ever worked for Bert Nash CMHC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates: _____ Under what name? _____								
In what capacity? <input type="checkbox"/> Employee <input type="checkbox"/> Consultant <input type="checkbox"/> Student <input type="checkbox"/> Volunteer/Unpaid Intern Reason for separation: _____								
Do you have any relatives who work for Bert Nash CMHC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following information: _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Name</td> <td style="width: 33%; border: none;">Program</td> <td style="width: 33%; border: none;">Relation to You</td> </tr> </table>						Name	Program	Relation to You
Name	Program	Relation to You						
Have you ever been convicted of a felony? (Conviction of a felony is not an automatic bar to employment) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates and nature of crime for which convicted: _____								
Have you ever been convicted of a health care related crime? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Are you legally entitled to work in the U.S. for any employer? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Can you provide proof upon offer of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No								

EDUCATIONAL BACKGROUND

Schools Attended	Name of School, City and State	Diploma/Degree	Major/Coursework
High School		Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	
College		Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____	
Post- Graduate Work		Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____	
Other Education		Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____	
Professional Licenses, Registrations and/or Certificates		License/Certification Number	Expiration Date
National Provider Identifier #:		Issue Date:	
Have your professional licenses or credentials ever been suspended, revoked or restricted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____			
List any other information, skills or training relevant to the job for which you are applying that you would like to share: (Include any clerical skills plus any computer software literacy you may have)			

EMPLOYMENT HISTORY: Please start with your most recent employer, including military service.

If currently employed, may we contact your current employer? Yes No

(This page must be completed even if a resume is attached!)

Current or Recent Employer		Dates of Employment	Salary	Position(s) Held	Name and Title of Immediate Supervisor
Company		From	Starting		
Address		To	Final		
Phone: ()	Reason For Leaving:				
Description of your main job duties:					

Past Employer		Dates of Employment	Salary	Position(s) Held	Name and Title of Immediate Supervisor
Company		From	Starting		
Address		To	Final		
Phone: ()	Reason For Leaving:				
Description of your main job duties:					

Past Employer		Dates of Employment	Salary	Position(s) Held	Name and Title of Immediate Supervisor
Company		From	Starting		
Address		To	Final		
Phone: ()	Reason For Leaving:				
Description of your main job duties:					

Past Employer		Dates of Employment	Salary	Position(s) Held	Name and Title of Immediate Supervisor
Company		From	Starting		
Address		To	Final		
Phone: ()	Reason For Leaving:				
Description of your main job duties:					

REFERENCES

List three persons willing to verify your qualifications by providing professional and/or character references for you:		
Name:	Occupation:	Daytime phone# ()
Name:	Occupation:	Daytime phone# ()
Name:	Occupation:	Daytime phone# ()

APPLICANT'S STATEMENT OF UNDERSTANDING

Two main work values of the Bert Nash CMHC are integrity and respect for the dignity and worth of individuals. Accordingly, we require each job applicant to enter into this understanding with us with the knowledge that we will respect the confidentiality of the information we receive. Employment will be based on qualifications and competence of the individual in compliance with nondiscrimination and equal opportunity provisions of federal and state laws, regulations and executive orders.

"I wish to be considered for employment with the Bert Nash CMHC. I authorize the Bert Nash CMHC and its agents to investigate all statements contained in this application, to investigate my background and to obtain information concerning my qualifications as a prospective employee. In connection with this investigation, I authorize my former employers and references listed herein to make full response to any inquiries made by appropriate staff members of the Bert Nash CMHC concerning my previous employment and any pertinent information they may have regarding my work performance. I release all such persons and entities from all liability with respect to furnishing such information to the Bert Nash CMHC. I also authorize the Bert Nash CMHC to release such employment information as necessary to those employees and agents of the Bert Nash CMHC who require such information to investigate or to make a decision with respect to any matter pertaining to my employment.

I understand and agree that the employment relationship between each employee and the Bert Nash CMHC is 'at-will.' This means that I and the Bert Nash CMHC each have the right to terminate my employment relationship at any time for any reason, with or without cause or advance notice. While other personnel policies and practices exist and may be changed from time to time, I understand and agree that my at-will employment status at the Bert Nash CMHC cannot be changed without a written agreement so providing, signed by the Chief Executive Officer of the Bert Nash CMHC.

I certify that the information contained in this employment application is true, complete and correct to the best of my knowledge. I understand that this information is important to the Bert Nash CMHC and will be used in considering my employment. Further, I understand that any misstatements or omissions in this application may result in the Bert Nash CMHC's refusal to hire me or, if then employed, in my immediate dismissal."

Applicant's Signature of Agreement

Date

(This application is valid for this position for a period of 90 days. If you wish to be considered thereafter, you must reapply for employment.)

FOR HUMAN RESOURCES DEPARTMENT USE ONLY			
Refer to:		Position(s):	
Arrange Interview? <input type="checkbox"/> Yes <input type="checkbox"/> No	Interviewer: _____ Ext. _____ Department: _____		
Job Title	Job Code	RU	<input type="checkbox"/> New Position <input type="checkbox"/> Replacement
Start Date:	Starting Pay Rate:		Grade: <input type="checkbox"/> NC
<input type="checkbox"/> Exempt <input type="checkbox"/> Non Exempt	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> PRN <input type="checkbox"/> Intern <input type="checkbox"/> Temp		Hrs/Week
Date Offer Made:			
Comments:			
Human Resources Signature:			Date: