

WESTERN MONTANA MENTAL HEALTH CENTERS

JOB APPLICATION

As an Equal Opportunity Employer, WESTERN MONTANA MENTAL HEALTH CENTER encourages applications from minorities, women and persons with disabilities. We pledge not to discriminate with respect to race, sex, color, religion, national origin, age, sexual orientation, marital status or disability.

Applications with incomplete information will not be considered. If a question does not pertain to you, write in the letters "NA".

Name (Last, First, Middle)		Social Security Number
Address (Street and/or Mailing, Include City, State and Zip Code)		
Home Phone Number	Work Phone Number	Message Phone Number

POSITION APPLYING FOR _____

DATE AVAILABLE FOR EMPLOYMENT _____

Attach a Resume, which includes at least the following information:

- 1) Education and Training
- 2) Professional Licenses and/or Certifications held
- 3) Employment History (or you may use the employment history blocks below)
 - a) Dates of employment
 - b) Major responsibilities
 - c) Name and address of employer
 - d) Supervisor's title and phone number

EDUCATION:

	High School	Vo-Tech/Other	Undergraduate College/University	Graduate Professional
School Name And Location				
Years Completed	9 / 10 / 11 / 12	1 / 2 / 3 / 4 / 5	1 / 2 / 3 / 4	1 / 2 / 3 / 4
Diploma/Degree Date Earned				
Describe Course of Study and/or Relevant Course-Work Related to the Position				

LICENSURE/CERTIFICATION:

Type of Licensure/Certificate	State	Number	Expiration Date

If you do not have a required licensure/certification, have you applied for one? ____ Yes ____ No
 When do you expect to become licensed/certified? _____

EMPLOYMENT HISTORY: List present or most recent experience first, including full-time, part-time and volunteer work. Describe your specific duties, responsibilities and accomplishments in this job, including a review of any supervisory responsibilities and special skills required.

Dates Employed		Total No. Yrs/Mos.	Position Title:
From:	To:		Name and Address of Employer
Salary		Hours Per Week	Name of Supervisor/Title:
Start:	End:		Phone Number: () _____ Reason for Leaving:
Describe Your Responsibilities:			

Dates Employed		Total No. Yrs/Mos.	Position Title:
From:	To:		Name and Address of Employer
Salary		Hours Per Week	Name of Supervisor/Title:
Start:	End:		Phone Number: () _____ Reason for Leaving:
Describe Your Responsibilities:			

Dates Employed		Total No. Yrs/Mos.	Position Title:
From:	To:		Name and Address of Employer
Salary		Hours Per Week	Name of Supervisor/Title:
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Dates Employed		Total No. Yrs/Mos.	Position Title:
From:	To:		Name and Address of Employer
Salary		Hours Per Week	Name of Supervisor/Title:
Start:	End:		Phone Number: () _____ Reason for Leaving:
Describe Your Responsibilities:			

SUPPLEMENTAL BACKGROUND INFORMATION (please explain any “YES” answers in space provided below.)

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Have you ever been convicted for neglect or abuse, sexual abuse, or other acts of violence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been convicted for violating any other law or ordinance (excluding minor traffic violations)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently being investigated for neglect, abuse or any violation of any law? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been terminated from any job for any reason other than a layoff? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is there any reason why you cannot perform the essential functions of the job you are applying for? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has your professional registration/license ever been denied, revoked, suspended, reduced, limited, placed on probation, not renewed, or voluntarily relinquished? | <input type="checkbox"/> | <input type="checkbox"/> |

*Please note, conviction does not automatically exclude you from consideration for employment. A conviction will be considered only as it relates to your fitness to perform the job being sought.

QUESTION #	DATE	EXPLANATION

PROFESSIONAL REFERENCES:

NAME	ADDRESS	OCCUPATION/TITLE	PHONE

I voluntarily authorize the Western Montana Mental Health Center the right to complete a background check, which will include contacting my former employers, law enforcement agencies, and/or other personal and professional references. Any law enforcement or criminal justice agency contacted by the WMMHC is authorized to disseminate my criminal history record information to the WMMHC.

I do want to be notified before contacting my present employer for a reference check.

I waive any claim against a previous employer or personal reference for any statement made by the reference in support or opposition to my prospective employment and understand that Western Montana Mental Health Center will suffer no liability as the result of such inquiries.

I understand all offers of employment are contingent on verification of references, driving history (DMV record), criminal history, and/or credentials. I hereby guarantee the correctness of the above statements. The making of false or misleading statements or any material omission will be sufficient cause for denying me consideration for employment or dismissal from employment.

Signature of Applicant

Date