



# REGION 6 BEHAVIORAL HEALTHCARE

AN EQUAL OPPORTUNITY EMPLOYER

## APPLICATION FOR EMPLOYMENT

**Résumés cannot be used as a substitute for the information on this application**

POSITION APPLIED FOR \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street City State ZIP

Phone No. \_\_\_\_\_ Contact me during the hours of \_\_\_\_\_

Alternate Number \_\_\_\_\_ Contact me during the hours of \_\_\_\_\_

Were you previously employed by us?  Yes  No If yes, when? \_\_\_\_\_

Have you previously applied for employment with us?  Yes  No If yes, when? \_\_\_\_\_

How did you hear of Region 6? \_\_\_\_\_

Please list any relatives who work for Region 6 \_\_\_\_\_

Were you referred by a Region 6 employee?  Yes  No If yes, name of employee \_\_\_\_\_

### RECORD OF EDUCATION

Type	School Name and Address	Check last year completed				Did you graduate?	Course of Study
		9	10	11	12		
High School						<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate		# Hours Completed: _____				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify)		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

List Professional License or Certification numbers/expiration dates \_\_\_\_\_

List any skills or abilities you have acquired through training or experience \_\_\_\_\_

*Let us know if you require special assistance in completing this form.*

## EMPLOYMENT INFORMATION

Are you a U.S. Citizen or legally eligible to work in the United States?  Yes  No

If no, what is your Alien Registration or Visa Classification form number? \_\_\_\_\_

Do you have a valid Driver's License?  Yes  No      If yes, list licensing state \_\_\_\_\_

Driver's License Number \_\_\_\_\_      Date of Expiration \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, please give dates and explanation \_\_\_\_\_

Salary required \_\_\_\_\_

Status required:

- Regular full time                       Regular part time  
 Temporary full time                       Temporary part time  
 Substitute

Hours available

	M	T	W	Th	F	Sa	Su
From							
To							

Check if available to work:

- Weekends       Overnights       Holidays       Overtime

Person to be notified in case of accident or emergency \_\_\_\_\_

Address

City

State

ZIP

Phone no.

## PERSONAL REFERENCES

(NOT FORMER or CURRENT EMPLOYERS or RELATIVES)

Name                                      Address                                      City/State                                      Zip Code                                      Phone No.

## MILITARY SERVICE RECORD

Branch of Service \_\_\_\_\_      Duty Dates: From \_\_\_\_\_ To \_\_\_\_\_

Rank at Discharge \_\_\_\_\_      Currently in Active Reserve?  Yes  No

If yes, Branch \_\_\_\_\_

**PRESENT AND PAST EMPLOYMENT (MOST RECENT FIRST)**  
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Name & Address of Employer		Please be specific and complete Job Title _____	Reason for leaving?
From Mo/Yr	To Mo/Yr	Job Duties _____	Starting Salary
Nature of Business/Agency		_____	Final Salary
Phone No.		_____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Name of Supervisor &amp; Title</i>		_____	

Name & Address of Employer		Please be specific and complete Job Title _____	Reason for leaving?
From Mo/Yr	To Mo/Yr	Job Duties _____	Starting Salary
Nature of Business/Agency		_____	Final Salary
Phone No.		_____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Name of Supervisor &amp; Title</i>		_____	

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From Mo/Yr	To Mo/Yr	Job Duties _____	Starting Salary
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Phone No.		_____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Name of Supervisor &amp; Title</i>		_____	

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From Mo/Yr	To Mo/Yr	Job Duties _____	Starting Salary
Nature of Business/Agency		_____	Final Salary
Phone No.		_____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Name of Supervisor &amp; Title</i>		_____	

Please explain any gaps in employment history \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any non-paid or volunteer experience including practicums and internships. Provide names and telephone numbers of those who supervised you.

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

The facts set forth in my application for employment are true and complete. I understand that false statements on this application shall be considered cause for dismissal. In addition, employment is contingent upon receipt of satisfactory work references, background checks, and completion of a medical examination (if required).

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I understand that I am to notify the Region 6 Human Resources Department if I am ever convicted of a felony.

This application will be active for **60** days only.

\_\_\_\_\_  
Signature of Applicant

**FOR HUMAN RESOURCES USE:**

_____	<i>Schedule (date/time)</i> _____
<i>Date</i>	
<i>Additional Information</i> _____	
_____	
_____	
_____	

*Referral Data*

Date	Position	Department	Result