

## Sumner Mental Health Center Employment Application Form

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

NAME _____				DATE _____	
LAST	FIRST	MIDDLE	MAIDEN		
PRESENT ADDRESS _____		CITY _____		STATE _____	ZIP _____
NUMBER _____		STREET _____			
HOME PHONE (____) _____			CELLULAR TELEPHONE (____) _____		
SOCIAL SECURITY NUMBER _____ - _____ - _____			DOB (IF UNDER AGE 18) _____		
POSITION APPLIED FOR _____			SALARY DESIRED (BE SPECIFIC) \$ _____		
EMPLOYMENT DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME			WHEN ARE YOU AVAILABLE FOR WORK? _____		
CAN YOU WORK EVENINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO			ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

### EDUCATION

	NAME OF SCHOOL	LOCATION (MAILING ADDRESS)	# OF YEARS COMPLETED	MAJOR & DEGREE
HIGH SCHOOL				
BUSINESS/TRADE SCHOOL				
COLLEGE				
GRADUATE SCHOOL				

**\*NOTE: KBI, SRS, AND DRIVERS LICENSE BACKGROUND CHECKS WILL BE DONE ON ALL APPLICANTS AND EMPLOYEES OF SUMNER MENTAL HEALTH CENTER**

**\*\*APPLICANTS MAY BE ASKED TO HAVE DRUG TESTING DONE.**

HAVE YOU EVER BEEN CONVICTED OF A CRIME?     YES     NO

If Yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE?     YES     NO

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE OF ISSUE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

ARE YOU AN INSURED DRIVER ACCORDING TO THE LAWS OF THE STATE OF KANSAS?     YES     NO

HAVE YOU HAD ANY ACCIDENTS DURING THE PAST 3 YEARS?     YES     NO    HOW MANY? \_\_\_\_\_

HAVE YOU HAD ANY MOVING VIOLATIONS DURING THE PAST 3 YEARS?     YES     NO    HOW MANY? \_\_\_\_\_

**CLERICAL APPLICANTS ONLY**

TYPING

YES  NO

10-KEY

YES  NO

COMPUTER/WORD PROCESSING

YES  NO

OTHER SKILLS:

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

**REFERENCES**

PLEASE LIST 4 REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS

NAME \_\_\_\_\_

NAME \_\_\_\_\_

POSITION \_\_\_\_\_

POSITION \_\_\_\_\_

COMPANY \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

PHONE \_\_\_\_\_

NAME \_\_\_\_\_

NAME \_\_\_\_\_

POSITION \_\_\_\_\_

POSITION \_\_\_\_\_

COMPANY \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

PHONE \_\_\_\_\_

An Application Form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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

**WORK EXPERIENCE**

Please list your work experience for the past 5 years beginning with your most recent job held. If you were self-employed, give the firm name. Attach additional sheets if necessary.

NAME OF EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
ADDRESS \_\_\_\_\_ EMPLOYMENT DATES FROM \_\_\_\_\_ TO \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ PAY / SALARY START \_\_\_\_\_ END \_\_\_\_\_  
JOB TITLE \_\_\_\_\_  
REASON FOR LEAVING (BE SPECIFIC) \_\_\_\_\_

LIST THE JOBS YOU HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS/PROMOTIONS WHILE YOU WORKED AT THIS COMPANY:

NAME OF EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
ADDRESS \_\_\_\_\_ EMPLOYMENT DATES FROM \_\_\_\_\_ TO \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ PAY / SALARY START \_\_\_\_\_ END \_\_\_\_\_  
JOB TITLE \_\_\_\_\_  
REASON FOR LEAVING (BE SPECIFIC) \_\_\_\_\_

LIST THE JOBS YOU HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS/PROMOTIONS WHILE YOU WORKED AT THIS COMPANY:

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ADDRESS \_\_\_\_\_ EMPLOYMENT DATES FROM \_\_\_\_\_ TO \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ PAY / SALARY START \_\_\_\_\_ END \_\_\_\_\_  
JOB TITLE \_\_\_\_\_  
REASON FOR LEAVING (BE SPECIFIC) \_\_\_\_\_

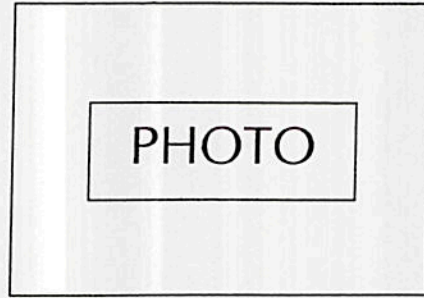
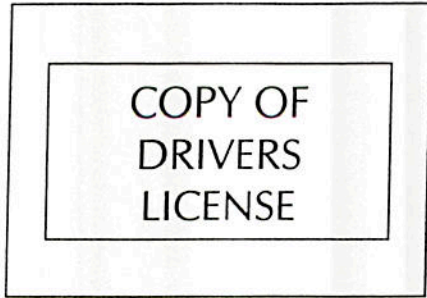
LIST THE JOBS YOU HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS/PROMOTIONS WHILE YOU WORKED AT THIS COMPANY:

MAY WE CONTACT YOUR PRESENT EMPLOYER?  Yes  No

BY MY SIGNATURE BELOW I CERTIFY THAT I HAVE READ AND UNDERSTAND ALL PARTS OF THIS APPLICATION AND CERTIFY THAT I HAVE TRUTHFULLY AND COMPLETELY ANSWERED ALL QUESTIONS. I UNDERSTAND THAT FALSIFICATION OF ANY OF THE INFORMATION GIVEN HEREIN IS GROUNDS FOR IMMEDIATE TERMINATION, REGARDLESS OF WHEN SUCH FALSIFICATION MAY BE DISCOVERED.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**POST EMPLOYMENT INFORMATION FORM**  
TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

DATE OF BIRTH: \_\_\_\_\_

- MARRIED
- SINGLE
- SEPARATED
- DIVORCED
- WIDOWED

NAME OF SPOUSE \_\_\_\_\_  
 SPOUSE'S OCCUPATION \_\_\_\_\_  
 NAME OF COMPANY \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_

**PERSON(S) TO BE NOTIFIED IN CASE OF EMERGENCY:**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYER**

DATE OF EMPLOYMENT \_\_\_\_\_ JOB TITLE \_\_\_\_\_ DEPT \_\_\_\_\_

RATE OF PAY \$ \_\_\_\_\_  FULL-TIME  PART-TIME  HOURLY  SALARIED

DRUG TEST CONFIRMATION NUMBER \_\_\_\_\_

NAME OF PERSON VERIFYING INFORMATION \_\_\_\_\_

NAME OF PERSON AUTHORIZING EMPLOYMENT \_\_\_\_\_