

High Country
Behavioral Health



Employment Application

Applicant Name _____
Last First Middle

Current Address _____
Street Apt#

City State Zip Code

Home Phone (____) _____ Cell Phone (____) _____

Email Address _____

Are you 18 years or older? Yes No

Are you legally authorized to work in the United States? Yes No
(Proof of Identity & Employment Authorization documentation must be provided at time of hire as required by law)

EMPLOYMENT DESIRED

Position applying for _____

What type of employment are you seeking? Full-time Part-time
 Seasonal Temporary

Can you work the regular hours/days/shifts of the job for which you are applying? Yes No

Are you available to work weekends (For positions requiring weekend work)? Yes No

Based on the position description that has been provided to you, are you able to perform the job tasks without an accommodation? Yes No If no, please describe what accommodation(s) may be necessary.

Are you available to work overtime? Yes No If yes, Weekends Daily

Date available to start work _____ Salary expectations _____

METHOD OF REFERRAL

Have you ever worked for High Country Behavioral Health? Yes NO

Please state when, where, and in what position _____

High Country Behavioral Health

How did you hear about High Country Behavioral Health?

- Agency
- Newspaper ad
- Job Fair
- Internet
- Referred by a current employee

If referred by a current employee, please provide her/his name _____

Have you ever applied for employment with High Country Behavioral Health?

- Yes No If so, When _____

EDUCATION					
	School Name and Location	Degree	Major	Did you graduate?	Last year completed
High School					
Vocational School					
College					
Graduate School					
Other					

SPECIAL SKILLS / ADDITIONAL TRAINING

Describe any special job-related skills and qualifications acquired from employment, other education or volunteer experiences, etc. Do not include experiences which would indicate race, color, creed, religion, sex, sexual orientation, national origin, marital status, Vietnam-era veteran status, special disabled veteran status, disability or age.

MISCELLANEOUS

Have you ever been convicted of a criminal offense? Yes* No

If yes, provide date of conviction, state and county and describe circumstances

**Note: Disclosure of a criminal record does not automatically disqualify an applicant from employment consideration. Each case is judged on its own merits, based on the job-relatedness, nature, and severity of the conviction and how long ago it occurred.*

Have you ever been discharged or asked to resign from an employer? Yes No

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If yes, identify the employer, date of termination and reason

EMPLOYMENT HISTORY <i>(Start with your current or most recent position)</i>	
NAME OF EMPLOYER:	ADDRESS:
PHONE NUMBER:	NAME & TITLE OF SUPERVISOR:
DATES EMPLOYED: FROM: TO:	POSITION:
STARTING SALARY:	ENDING SALARY:
REASON FOR LEAVING:	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
NAME OF EMPLOYER:	ADDRESS:
PHONE NUMBER:	NAME & TITLE OF SUPERVISOR:
DATES EMPLOYED: FROM: TO:	POSITION:
STARTING SALARY:	ENDING SALARY:
REASON FOR LEAVING:	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
NAME OF EMPLOYER:	ADDRESS:
PHONE NUMBER:	NAME & TITLE OF SUPERVISOR:
DATES EMPLOYED: FROM: TO:	POSITION:
STARTING SALARY:	ENDING SALARY:
REASON FOR LEAVING:	

MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:

REFERENCES

Provide the names of three business references that are not related to you. If you do not have any employment-related references, list individuals who can comment on your work skills.

Name	Phone Number	Address	Years Known and In What Capacity

SIGNATURE

APPLICANT: By signing below, you acknowledge that you have read, understand and agree with the following statements.

1. I certify the information given by me to High Country Behavioral Health ("the company") on this application and during this hiring process is true and complete in all respects.
2. I understand that any misrepresentation or omission of facts on this application, on my resume or during any stage of the hiring process will eliminate me from further consideration or, if discovered after hire, may result in the termination of my employment.
3. If the position requires it, I agree to be fingerprinted before or during my employment and understand my fingerprint record will be processed by the Division of Criminal Investigation according to the rules and regulation for Substance Abuse Standards.
4. I understand that, if I am hired, employment is subject to my satisfying the employment and eligibility requirements of the Immigration Reform and Control Act of 1986.
5. I understand that, if I am hired, I am required to read my Employee Manual and sign an acknowledgment of receipt and understanding of the manual. In addition, I will comply with all rules, regulations and directives during my employment. I fully understand that all information, whether written, spoken or otherwise communicated or obtained, and all files and records relating to the business of the company or to anyone with whom the company has dealings, constitute privileged information and are to be treated in a strictly confidential manner. I fully understand and agree that should I be employed, I am not to, and will not at any time, communicate or reveal any business of the company or any such information, records, files, or the matters contained therein to unauthorized personnel within the company or to anyone outside the company. I also understand that any violation of the foregoing may result in disciplinary action, including suspension without pay and termination of employment. I further understand that these rules and regulations may be changed, interpreted, withdrawn or added to by the company at any time, at the company's sole option and without any prior notice to me.
6. I understand that, if I am hired, I will have the right to terminate my at-will employment at any time with or without cause and with or without advance notice, and the company will have the same right.
7. I authorize the company and its representatives to contact my references, prior employers and other sources of information for the purpose of verifying and obtaining information regarding my qualifications for employment.
8. I authorize any such sources of information referenced above to give any information concerning my previous employment or other qualifications for the position for which I have applied, and I hereby release the company and the providers of information from any claims relating to the disclosure or use of this information.

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By signing below, I acknowledge that I have read, understand and agree with the above statements.

Signature of Applicant

Date

High Country Behavioral Health provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws. High Country Behavioral Health complies with applicable state and local laws governing non-discrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training

IF APPLYING FOR A THERAPIST POSITION:

List all relevant licenses and/or certifications you currently hold, and the state in which the license/certification is registered.

Note: All licenses and certifications will be verified by High Country Behavioral Health through the appropriate licensing authorities.

List any relevant professional organizations that you belong to and your activity in each

Assign a percent to the following factors that are responsible for a client reaching his/her therapeutic goals:

%	Factor
	The therapists theoretical approach
	The clients expectancy that their situation can change
	The strength of the therapeutic alliance
	The clients strengths and resources
	Other factors (explain)
100%	TOTAL

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On the remainder of this page (front and back) or on a separate sheet of paper please describe, in detail, how your education, knowledge, skills & abilities, and past work experience has prepared you for the position you are applying for.