

**Employment Application**

P.O. Box 550, 6610 SE Quakervale Rd. – Riverton, Kansas 66770

Voice: 620 848-2300 – Fax: 620 848-2301

Applicants are considered for all positions without regard to race, color, religion, sex, creed, national origin, political preference, covered veteran status, marital status, ancestry, age (as required by law), or disability and any other protected classes under relevant federal, state, and local laws, provided the applicant is qualified and with reasonable accommodations can perform the essential functions of the job in question, pursuant to section 504 of the rehabilitation act of 1973. Spring River Mental Health & Wellness, Inc. is an equal opportunity employer and does not discriminate in hiring or employment practice.

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| Date of Application: |
| Name Home phone: |
| Address Cell: |
| City State Zip |

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| Position (s) Applying For |
| Availability: |
| Full-Time  Part-Time  Internship |

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| Date you can begin work: |
| How did you hear about this position? |
| Are you legally entitled to work in the U.S.? YES  NO |
| Are you at least 18 years of age? YES  NO |

**Employment History**

List all employment for the last 3 years. Begin with your present or most recent employer.

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| Employer       Dates Employed:       to |
| Address:       Phone Number: |
| Job Title       Supervisor |
| Reason for leaving: |

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| Employer       Dates Employed:       to |
| Address:       Phone Number: |
| Job Title       Supervisor |
| Reason for leaving: |

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| --- |
| Employer       Dates Employed:       to |
| Address:       Phone Number: |
| Job Title       Supervisor |
| Reason for leaving: |

May we contact the employers listed? YES NO

If not, indicate below which one(s) you do not wish us to contact and why.

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Were you ever discharged from a job? If so, by what company, when, and what for?

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**Highest level of Education**

School Name Graduated Major

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| --- | --- | --- | --- | --- |
| High School/GED |  | YES | NO |  |
| Vo/Tech |  | YES | NO |  |
| College |  | YES | NO |  |
| Post Graduate |  | YES | NO |  |

**Professional Licenses/Certificates, Specialized Training, Other Skills**

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**References**

Please provide four (4) professional references. **Only complete if not provided on Resume.**

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| 1. Name:       Phone: |
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| 1. Name:       Phone: |
|  |
| 1. Name:       Phone: |
|  |
| 1. Name:       Phone: |
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Have you ever been convicted of any felony or misdemeanor other than routine traffic violations? YES  NO

Please Note: A “yes” answer to this question will not necessarily bar you from employment. The nature, severity and date of the offense in relation to the position for which you are applying will be considered.

Do you currently use, or have you used with the last year, drugs or controlled substances illegally? YES  NO

If you answered “yes” to either of the above questions, please explain:

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**Agreement, Release and Consent by Applicant**

The undersigned applicant for employment, in return for Spring River Mental Health & Wellness Inc.’s (SRMHW) consideration of me as a possible employee, agrees and consents that SRMHW and it agents have permission any time before or after employment to:

1. Obtain receipt of satisfactory references and investigations which may include, but are not limited to, contacting prior employers, schools, personal references and obtaining information from law enforcement officials concerning any past or present criminal activity.
2. I understand that this application for employment shall be considered only for the specific position which I am applying. I also understand that unsolicited applications and resumes will be returned with instructions regarding SRMHW recruitment process.
3. I authorize all persons who have information relevant to the above to disclose it to SRMHW or its agents and I release all persons from liability on account of such disclosure.
4. I understand and agree that this employment application and any other SRMHW documents are not contracts of employment and that any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by SRMHW at any time, for any reason, with or without cause. I further understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective employee. I also acknowledge that any false statements in this application or other documents signed by myself will be sufficient cause for dismissal.
5. I affirm that the information given on this application is true and complete to the best of my knowledge. I understand that deliberate false statements or misrepresentations could be considered grounds for rejection of my application and could be considered cause for immediate dismissal if employed.

Signature of Applicant:       Date: Click here to enter a date.