



Little Colorado Behavioral Health Centers

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
_____ City State ZIP Code

Phone: () E-mail Address:

Date Available: Social Security No.: Desired Salary: \$

Position Applied for:

Are you a citizen of the United States?	YES	NO	If no, are you authorized to work in the U.S.?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Have you ever worked for this company?	YES	NO	If yes, when?		
	<input type="checkbox"/>	<input type="checkbox"/>			
Have you ever been convicted of a felony?	YES	NO			
	<input type="checkbox"/>	<input type="checkbox"/>			

If yes, explain:

Education

High School:	Address:					
From: To:	Did you graduate?	YES	NO	Degree:		
		<input type="checkbox"/>	<input type="checkbox"/>			
College:	Address:					
From: To:	Did you graduate?	YES	NO	Degree:		
		<input type="checkbox"/>	<input type="checkbox"/>			
Other:	Address:					
From: To:	Did you graduate?	YES	NO	Degree:		
		<input type="checkbox"/>	<input type="checkbox"/>			

References

Please list three professional references.

Full Name: Relationship: Phone: ()
Company: Address: _____

Full Name: Relationship: Phone: ()
Company: Address: _____

Full Name: Relationship: Phone: ()
Company: Address: _____

Previous Employment

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Disciplinary / Health Attestation

1. History of loss or limitation of privileges or disciplinary action? ___Yes ___No
2. Have you ever been arrested, convicted of a felony, or are charges currently pending? ___Yes ___No
3. Do you have a physical or mental health limitation that affects or is reasonably likely to affect your ability to perform the essential function of the professional or medical staff duties appropriately? ___Yes ___No
4. Do you have a substance abuse problem? ___Yes ___No

If you responded YES to question one, please provide a complete explanation on a separate sheet. If you responded YES to questions two or three, please provide evidence regarding your recovery, including on-going therapy, support groups, mandatory

and/or voluntary surveillance programs, as well as the name(s), address(es), of the individual(s) involved in your medical support care.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

X

Signature of applicant

X

Date of Hire

X

Date application completed