

**APPLICATION FOR EMPLOYMENT**

WEST IOWA COMMUNITY MENTAL HEALTH CENTER  
2020 1<sup>st</sup> Avenue South  
P.O. Box 187  
Denison, IA 51442  
Telephone: (712) 263-3172  
Facsimile: (712) 263-5756

*Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of West Iowa Community Mental Health Center.*

**PLEASE PRINT**

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Referral Source:  Advertisement  Employee  Relative  Walk-In  
 Government Employment Agency  Private Employment Agency  
 Other \_\_\_\_\_  
Name of Source (if applicable) \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

If necessary, best time to call you at home is: \_\_\_\_\_ a.m./p.m.

May we contact you at work? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, work number and best time to call is: \_\_\_\_\_ a.m./p.m.

Have you filed an application here before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give dates: From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you legally eligible for employment in this country? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work: \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-op

Will you travel if job requires it? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to meet the attendance requirements of the position? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you work overtime if required? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of a felony in the last seven (7) years? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Such conviction may be relevant if job related, but does not bar you from employment.)

If yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_

Driver's License Number (if job related): \_\_\_\_\_ State: \_\_\_\_\_

## EMPLOYMENT HISTORY

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comment section below.

Employer ( )	Telephone ( )	Dates Employed From/To	Summarize the nature of the work performed and job responsibilities
Address			
Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor and Title		\$ Per	
Reason for Leaving		Hourly Rate/Salary Final	
May we contact for reference? Yes _____ No _____ Later _____		\$ Per	

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Address			
Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor and Title		\$ Per	
Reason for Leaving		Hourly Rate/Salary Final	
May we contact for reference? Yes _____ No _____ Later _____		\$ Per	

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May we contact for reference? Yes _____ No _____ Later _____		\$ Per	

Comments: (including explanation of any gaps in employment)

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Skills and Qualifications – Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position, which you are applying.

## EDUCATIONAL BACKGROUND

A. List last three (3) schools attended, starting with most recent. B. List number of years complete.: C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank and E. Major and minor field of study (if applicable).

A. School	B. Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	E. Minor

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

## REFERENCES

List name and telephone number of three business/work reference who are NOT related to you and are NOT previous supervisors. If not applicable, list three schools or personal references who are NOT related to you.

Name	Telephone	Years Known

List any additional information you would like us to consider.

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It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only sixty (60) days. At the conclusion of this time, I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

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

*BD Approved 01/2005*