



Behavioral Health Services

# APPLICATION FOR EMPLOYMENT

This application must be accompanied by a cover letter and resume. We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, religion, sex/gender, gender expression, national origin, age, disability, marital status, sexual orientation, citizenship, military status, language, veteran's status, mental disorder, political affiliation, pregnancy, genetic information, or any other protected characteristic established by law. EOE/ADA

## Personal Information

Date: \_\_\_\_\_ Last Four Digits of Social Security Number: \_\_\_\_\_

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

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

Phone Number ( ) \_\_\_\_\_ Email \_\_\_\_\_

Are you 18 years of age or older? YES or NO

Have you ever been convicted of a crime other than a traffic offense? YES or NO

If yes, when, where, and what was the disposition of the case? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Convictions will not necessarily disqualify an applicant from employment. The recency, severity, and pertinence of the conviction to the job will all be considered. Failure to disclose conviction information may be cause for disciplinary action or termination of employment.

Are you legally eligible for employment in the United States? YES or NO

## Employment Desired

Position \_\_\_\_\_ Date you can start \_\_\_\_\_

Are you employed now? YES or NO

If so, may we inquire of your present employer? YES or NO

Have you ever applied to Region 3 before? YES or NO

If so, what position? \_\_\_\_\_ If so, when? \_\_\_\_\_

Have you ever worked at Region 3 before? YES or NO

Under what name? \_\_\_\_\_ What position? \_\_\_\_\_

When? \_\_\_\_\_ Who was your supervisor? \_\_\_\_\_

## Education

School Level	School Name, City, and State	Number of Years Attended	Did you Graduate?	Type of Degree or Diploma
High School				
College				
Graduate School				

## Employment History

May we contact your present employer(s)? YES or NO / May we contact your former employers? YES or NO

**Present and Former Employers:** List below last three employers, starting with the most recent first:

Employer Name: _____	Employer Phone Number: _____
Address: _____	City/State/Zip: _____
Supervisor's Name: _____	Supervisor's Title: _____
Job Title: _____	Wage: _____
Dates Employed From (Month/Year) - To (Month/Year) _____	
Reason for Leaving: _____	
Describe the Work Performed: _____	
_____	
_____	

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Address: _____	City/State/Zip: _____
Supervisor's Name: _____	Supervisor's Title: _____
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_____	
_____	

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Supervisor's Name: _____	Supervisor's Title: _____
Job Title: _____	Wage: _____
Dates Employed From (Month/Year) - To (Month/Year) _____	
Reason for Leaving: _____	
Describe the Work Performed: _____	
_____	
_____	

**How were you Referred?**

- NE Workforce Development
- NebraskaBehavioralHealthJobs.com
- College Job Board: \_\_\_\_\_
- Newspaper: \_\_\_\_\_
- Current Employee: \_\_\_\_\_
- Region 3 Website
- Community Member
- Other: \_\_\_\_\_

**Professional References**

List below three persons, not related to you, whom you have professionally known at least one year.

Name	Address/Phone Number	Position/Title	Years Acquainted

In Case of Emergency, Notify \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone Number

**Authorization**

I certify that all the information submitted by me on this application is true and complete and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated. I authorize investigation on all statements contained in this Application. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time with or without cause and with or without any previous notice (employment-at-will).

Signature \_\_\_\_\_ Date \_\_\_\_\_

3/09, 2/10, 12/16