

GREATER COLUMBIA BEHAVIORAL HEALTH, LLC BH-ASO

APPLICATION FOR EMPLOYMENT

Administrative Service Office
 101 N. Edison Street
 Kennewick, WA 99336

Phone: (509) 737-2475 1-888-545-3022

Fax: (509) 783-4165 Email: karenr@gcbh.org

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

All qualified applicants considered regardless of race, religion, color, age
 sex, marital status, nationality, veteran status or non-disqualifying disability.

INSTRUCTIONS - PLEASE READ

This is a general employment application required for all jobs. If a job vacancy exists, you may also be asked to complete a more detailed survey of your qualifications as they relate to a specific job in our company. Please print or write clearly, do not type. Answer all items, even if you have a resume. Check over your final application for accuracy, especially important numbers like Social Security number, phone numbers, etc. Please sign and date the application where indicated. If you need another form or have questions, please feel free to ask.

Today's Date						
Last Name		First Name		Initial	Social Security Number	
Present Street Address			City		State	Zip
Previous Address if at present address less than 3 yrs			City		State	Zip
Home Telephone Number ()		Message Phone ()		Emergency Contact Person		Emergency Phone ()
Are you at least 18 years of age?	If under 18, do you have a work permit?		Can you provide proof that you can be lawfully employed in the U.S.?			
Have you applied for work here before?		If yes, when?		Have you worked for this company before?		If yes, when and in what job?
Do any of your relatives or persons of your same household work here?				If yes, please give their names.		
We routinely check for criminal records of applicants. If your record includes any conviction, guilty plea, jail or prison time within the past 10 years, please explain:					Other names you have used and dates	

Position applied for:		Have you done this kind of work before? If yes, where?		Date you are available to start	
List other jobs you believe you may be qualified for:					
How were you referred to us?					
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Employee referral (name) _____		<input type="checkbox"/> School (name) _____		
<input type="checkbox"/> Walk-in	<input type="checkbox"/> Agency (name) _____		<input type="checkbox"/> Other (explain) _____		
Your Preferred Schedule:		What week days and hours are best for you?		What would be your second choice?	
<input type="checkbox"/> Full Time	<input type="checkbox"/> Temp. / Seasonal				
<input type="checkbox"/> Part Time	<input type="checkbox"/> On Call				
Check if you are willing to accept regular work on:					Can you stay late on short notice if required?
<input type="checkbox"/> Full Time?	<input type="checkbox"/> Temp./Seasonal	<input type="checkbox"/> Day Shift?	<input type="checkbox"/> Night Shift?	<input type="checkbox"/> Weekends?	
<input type="checkbox"/> Part Time?	<input type="checkbox"/> On Call?	<input type="checkbox"/> Evening Shift?	<input type="checkbox"/> Variable shifts?		
Any prior commitments which would require absence of more than a few hours in the next 12 months?			If Yes, Please explain:		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you now, or do you expect to be engaged in any other business or employment?			If Yes, Please explain:		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
List any certificates or licenses you hold related to your qualifications for the work you seek:				Are you willing to relocate?	

Are you capable of performing the essential functions of the job for which you are applying, with or without accommodation?

Yes No

If you require accommodation, please describe:

EDUCATION

	School Name and Full Address	Attended Dates:		Graduated?	Degree & Major Area	GPA
		From:	To:			
High School						
College/Univ.						
College/Univ.						
Trade, Other						
Are you currently a student? If Yes, Explain:			Scholastic honors achieved:			
Outside activities while in school which you feel reflect your abilities:						
Plans for future education/training:						

WORK HISTORY - Start with PRESENT or most recent employer. Include MILITARY experience or volunteer work if full time or your major activity.

Name of Organization		Employment Dates (Month and year)		Type of Business or Industry		
		From	To			
Street Address			City	State	Zip	
Supervisor Name, Title:	May we contact?	Phone Number	Your starting pay	Your ending pay	Employment Status (FT, PT, contract)	
		()	\$	\$		
Your job title(s), duties, skills used					Reason for leaving	

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		From	To			
Street Address			City	State	Zip	
Supervisor Name and Title		Phone Number	Your starting pay	Your ending pay	Employment Status (FT, PT, contract)	
		()	\$	\$		
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		()	\$	\$		
Your job title(s), duties, skills used					Reason for leaving	

WORK HISTORY continued

Name of Organization	Employment Dates (Month and year)		Type of Business or Industry	
	From	To		
Street Address		City	State	Zip
Supervisor Name and Title	Phone Number ()	Your starting pay \$	Your ending pay \$	Employment Status (FT, PT, contract)
Your job title(s), duties, skills used				Reason for leaving

VOLUNTEER ACTIVITIES AND EXPERIENCE

Describe your involvement in volunteer activities which may help assess your abilities.

OTHER SKILLS AND QUALIFICATIONS

Please mention any other skills, qualifications or experience pertinent to the career you seek. (e.g. - Computers, software, machines, tools, special certifications, etc.)

REFERENCES Not former employers

Name	Address, City, State, Zip	Phone Number	Occupation

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application, and accompanying letters or resume, is true and complete. I also agree and understand that any false or misleading information or significant omissions may disqualify me from consideration for employment or result in my immediate dismissal.

I understand that, if hired, my employment is not for any specific period or duration and is terminable at will by the employer or me at any time with or without cause or notice. I understand this application is NOT A CONTRACT.

I authorize this employer to investigate my background thoroughly, including a full credit report, and agree to assist in such investigation. I release and hold harmless, and promise not to claim damages from any of my prior employers listed above for providing information. If I am hired by GCBH, I also release it from any liability for references if may give on me in the future.

I understand that an offer of employment will be based in part upon attainment by the employer of positive employment references. I agree to submit to any drug or alcohol test that may be required by the employer for my hiring or continued employment. I understand that refusal to take such tests may be cause for denial of employment or my termination. I also understand that employment may be conditioned upon an investigation into criminal convictions on record with local, State or Federal law enforcement authorities, and upon satisfactory verification of any claimed academic credentials, professional registrations, certifications, or licenses.

I agree to present personal photo identification and proof of U.S. citizenship or documentation of my authorization to work and reside in the United States, promptly upon confirmation of hiring, and that failure to do so voids any offer of employment.

I understand that employment may be contingent upon a post-offer physical examination by a medical doctor.

Upon an offer of employment I authorize the examining doctor, clinic or organization to release to this employer any information requested to assess my ability to perform essential work functions or to assess potential risk of injury to myself or others.

Signature of Applicant

Today's date