

Labette Center for Mental Health Services, Inc

Employment Application

Applicant Note: Labette Center for Mental Health Services, Inc. is an Equal Opportunity Employer. Prospective employees will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military or disability status.

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|--|---|---|---|------------------|--|
| Date of application: | | How did you hear about this job opening? | | | |
| Last Name: | First Name: | M.I. | Social Security Number: | | |
| Street Address: | | City: | State: | Zip Code: | |
| Telephone: | Alt. Phone: | Position applied for: | | | |
| Date you are available to start: | Have you applied with LCMHS, Inc. before? If so, when? | | Are you at least 18 years of age or older? | | |
| <p>Have you ever been convicted of a crime? ___Yes ___No. If yes, please provide the state in which the conviction occurred and explain. (Conviction will not necessarily disqualify an applicant from consideration for employment.)</p> | | | | | |

Education

| Grade Level | Name/Location | Did you graduate? | Degree/Diploma |
|------------------------|---------------|-------------------|----------------|
| High School: | | | |
| College: | | | |
| Military/Other: | | | |

Employment

| Dates Month/Year | Name/Location/Phone Number of Employer | Ending Wage | Position and Duties | Reason for Leaving |
|---------------------|---|----------------|------------------------|--------------------|
| From: | | | | |
| To: | | | | |
| From: | | | | |
| To: | | | | |
| From: | | | | |
| To: | | | | |

Labette Center for Mental Health Services, Inc

References: Please list 3 business references. If you do not have 3, include personal references.

| Name: | Relationship: | Phone Number: | Address: |
|-------|---------------|---------------|----------|
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Skills and abilities: Please list below special skills, experiences, or qualifications you feel apply to the position in which you are interested.

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Previous Addresses for the last seven years

| Street Address | City | How Long? |
|----------------|------|-----------|
| | | |
| | | |
| | | |

Please read carefully before signing

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Labette Center for Mental Health Services, Inc., that such employment is at will, for no specified duration and may be terminated by either Labette Center or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements Labette Center or its representatives used during the employment process is deemed a contract of employment real or implied.

In consideration for employment with Labette Center, if employed, I agree to conform to the rules, regulations, policies and procedures at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Labette Center business, attendance and punctuality are considered essential requirements of the every job, and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with Labette Center, I will be required to submit to a drug screening and background check as a condition of employment. I understand that unsatisfactory result from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Labette Center for Mental Health Services, Inc., and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

By signing below I acknowledge that I have read, understood, and agree to the above statements.

Signature

Date