

MOUNTAINEER MENTAL HEALTH, LLC

Application for Employment

PERSONAL INFORMATION

Equal Opportunity Employer

NAME		REFERRED BY	DATE	
ADDRESS		CITY	STATE	ZIP CODE
PHONE		EMAIL		
ARE YOU 18 YEARS OF AGE OR OLDER?		ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?		
HAVE YOU EVER BEEN CONVICTED OF ABUSE, NEGLECT OR ANOTHER FELONY?				
POSITION	FULL TIME/PART TIME--# OF HRS/WEEK	DESIRED SALARY RANGE	DATE AVAILABLE	

EDUCATION & CERTIFICATION

SECONDARY SCHOOL NAME	LOCATION	YEARS ATTENDED	MAJOR / DEGREE RECEIVED
LICENSES & CERTIFICATIONS			
SPECIAL PROFESSIONAL TRAINING, SKILLS, AREAS OF INTEREST			

REFERENCES (PLEASE PROVIDE 3 PROFESSIONAL REFERENCES THAT YOU HAVE KNOWN / WORKED WITH FOR AT LEAST 1 YEAR)

	NAME	RELATIONSHIP TO YOU	YEARS ACQUAINTED	PHONE
1				
2				
3				

EMPLOYMENT HISTORY (PLEASE LIST CURRENT OR MOST RECENT EMPLOYMENT FIRST)

DATE OF EMPLOYMENT	NAME & ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM			
TO		SALARY	
FROM			
TO		SALARY	
FROM			
TO		SALARY	

ACKNOWLEDGEMENT & AUTHORIZATION

____ I certify that the facts contained in this application are true and complete to the best of my knowledge.

____ I authorize investigation of all statements contained in this application for employment.

____ I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

Signature of Applicant

Date