



CENTER FOR BEHAVIORAL HEALTH HIGHLANDS COMMUNITY SERVICES (HCS)

APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR _____

NAME (LAST, FIRST, INITIAL) _____

DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBERS CELL _____

HOME _____

WORK _____

EMAIL ADDRESS _____

EDUCATION

Please list the most recent educational institutions attended

NAME OF FACILITY _____

MAJOR/MINOR _____

ADDRESS _____

DEGREE RECEIVED _____

DATE RECEIVED _____

PHONE NUMBER _____

NAME OF FACILITY _____

MAJOR/MINOR _____

ADDRESS _____

DEGREE RECEIVED _____

DATE RECEIVED _____

PHONE NUMBER _____

OTHER PROFESSIONAL LICENSES/TRAININGS _____

EMPLOYMENT HISTORY

Please list the last four consecutive positions held, beginning with the most recent

FROM	TO
ENDING SALARY	

EMPLOYER _____

ADDRESS _____

PHONE _____

TITLE _____

SUPERVISOR _____

May we contact this employer? _____

DUTIES _____

REASON FOR LEAVING _____

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FROM	TO
ENDING SALARY	

EMPLOYER _____
 ADDRESS _____
 PHONE _____
 TITLE _____
 SUPERVISOR _____

May we contact this employer? _____

DUTIES _____

REASON FOR LEAVING _____

FROM	TO
ENDING SALARY	

EMPLOYER _____
 ADDRESS _____
 PHONE _____
 TITLE _____
 SUPERVISOR _____

May we contact this employer? _____

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REASON FOR LEAVING _____

FROM	TO
ENDING SALARY	

EMPLOYER _____
 ADDRESS _____
 PHONE _____
 TITLE _____
 SUPERVISOR _____

May we contact this employer? _____

DUTIES _____

REASON FOR LEAVING _____

PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT HISTORY (including dates)

FROM	TO	EXPLANATION

HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM A JOB? _____ yes _____ no
 (if yes, please explain)

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SOFTWARE

DATA ENTRY PER MINUTE _____
OTHER _____
OTHER _____

POWERPOINT _____ WORD _____
ACCESS _____ EXCEL _____
OTHER _____

LEGAL

DURING THE PAST TEN (10) YEARS, HAVE YOU BEEN CHARGED OR CONVICTED OF ANY CRIME,
INCLUDING TRAFFIC OFFENSES? (if yes, please explain) _____ yes _____ no

MISCELLANEOUS

ARE YOU AVAILABLE FOR OVERTIME AND/OR FLEXIBLE SCHEDULES? _____ YES _____ NO

DO YOU HAVE YOUR OWN TRANSPORTATION TO & FROM WORK? _____ YES _____ NO

DRIVERS LICENSE NUMBER _____
EXPIRATION DATE _____

DATE AVAILABLE FOR WORK _____

ANNUAL SALARY REQUIREMENT _____

REFERENCES

PROFESSIONAL	
NAME	_____
ADDRESS	_____ _____ _____
EMAIL	_____
PHONES:	
CELL	_____
HOME	_____
WORK	_____

PROFESSIONAL	
NAME	_____
ADDRESS	_____ _____ _____
EMAIL	_____
PHONES:	
CELL	_____
HOME	_____
WORK	_____

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APPLICANT'S CERTIFICATION & AGREEMENT

I HEREBY CERTIFY THAT THE FACTS SET FORTH IN THE ABOVE EMPLOYMENT APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO AUTHORIZE HIGHLANDS COMMUNITY SERVICES (HCS) TO VERIFY THE ACCURACY OF ANY STATEMENTS MADE, TO OBTAIN BACKGROUND, WORK HISTORY, REFERENCE INFORMATION, AND DRIVING TRANSCRIPTS ON ME THROUGH ANY MEANS AVAILABLE TO THEM. I HEREBY RELEASE HIGHLANDS COMMUNITY SERVICES (HCS) FROM ANY AND ALL LIABILITY OF WHATEVER KIND AND NATURE SHOULD THE VERIFICATION RESULT IN THE LOSS OF ANY EMPLOYMENT OPPORTUNITY, WHETHER SEEKING EMPLOYMENT WITH HCS, OR BEING A CURRENT AND/OR PREVIOUS EMPLOYEE OF HCS IN ANOTHER POSITION.

I UNDERSTAND THAT IF EMPLOYED BY HCS, FALSIFIED STATEMENTS OF ANY KIND, OR OMISSIONS OF FACTS CALLED FOR ON THIS APPLICATION, SHALL BE CONSIDERED SUFFICIENT BASIS FOR CORRECTIVE ACTION, UP TO AND INCLUDING TERMINATION AT ANY TIME.

I UNDERSTAND THAT SHOULD AN EMPLOYMENT OFFER BE EXTENDED AND ACCEPTED, I WILL FULLY ADHERE TO THE POLICIES, RULES, AND REGULATIONS OF THE EMPLOYER. HOWEVER, I UNDERSTAND THAT NEITHER THESE POLICIES, RULES, AND REGULATIONS, NOR ANYTHING SAID/ASKED DURING THE INTERVIEW PROCESS SHALL BE DEEMED TO CONSTITUTE THE TERMS OF AN EMPLOYMENT OFFER/CONTRACT. I UNDERSTAND THAT ANY EMPLOYMENT OFFERED IS FOR AN INDEFINITE DURATION, AND AT WILL, THAT EITHER I OR THE HIGHLANDS COMMUNITY SERVICES MAY TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT NOTICE OR CAUSE.

I HAVE READ THE POSITION DESCRIPTION ASSIGNED TO THE POSITION I AM APPLYING FOR, & CERTIFY THAT I CAN PERFORM THE DUTIES OF THIS POSITION, INCLUDING THE BONA FIDE OCCUPATIONAL REQUIREMENTS.

APPLICANT'S SIGNATURE

DATE

FOR OFFICE USE ONLY

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