



Southeast
Kansas
Mental Health
Center

PO Box 807
Iola, KS 66749
620/365-8641

Application for Employment

Applicants will receive consideration without discrimination due to race, creed, color, sex, age, national origin, handicap, or any other legally protected status.

Personal Information

Name:		Date:
Social Security Number:		
Home Address:		
City, State, Zip:		
Home Phone:	Cell Phone:	E-mail address:
US Citizen?	If Not, give VISA # & Expiration:	

Position Applying For

Title:	Salary Desired:
Referred By:	Date Available:
May we contact your employer?	
If applying for a position that requires driving, do you have an appropriate license?	

Education

High School (Name, City, State)	
Graduation Date:	
Business or Technical School:	
Dates Attended:	Degree, Major:
Undergraduate College:	
Dates Attended:	Degree, Major:
Graduate School:	
Dates Attended:	Degree, Major:

Employment History

Dates of Employment:	Company:	Salary:
	Supervisor:	
Position:	Address:	Telephone #
Reason for leaving:		
Dates of Employment:	Company:	Salary:
	Supervisor:	
Position:	Address:	Telephone #
Reason for leaving:		

Employment History Continued

Dates of Employment:	Company:	Salary:
	Supervisor:	
Position:	Address:	Telephone #
Reason for leaving:		
Dates of Employment:	Company:	Salary:
	Supervisor:	
Position:	Address:	Telephone #
Reason for leaving:		

References

Name	Address	Phone #
Relationship		
Relationship		
Relationship		

Have you ever been convicted of a felony other than minor traffic violations? Conviction will not necessarily disqualify you from employment. No Yes If yes, please explain.

Release for background check: By completing these items, I am giving you permission to check my motor vehicle record and the Kansas Bureau of Investigation. I do not wish to provide this information.

DOB:	Driver's License #	State issued
Other names used		

I authorize clearance of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is subject to the Personnel Policies and Code of Ethics of the Southeast Kansas Mental Health Center. False or misleading information given on my application, resume, or interview(s) may result in dismissal.

Signature
(Please attach resume.)

Date