

BEHAVIORAL HEALTH RESOURCES
Application for Employment
 3857 Martin Way E., Olympia, WA 98506

Applicants for positions will be considered regardless of race, color, national origin, sex, age, religion, creed, marital status, ancestral heritage, sexual orientation, Vietnam Era Veteran status, or the presence of any physical, mental and/or sensory disability. This includes persons who have HIV/AIDS.

Directions: Please print or type. All sections of application must be completed in full. Attach personal resume to this completed application form if desired.

| | |
|---|---|
| Date of Application: _____ | |
| Position(s) Applying For: 1 _____ 2 _____ | |
| Beginning Salary Expectation: \$ _____ | On what date would you be available to work: _____ |
| Type of employment desired: (Circle) Full Time Part Time Hourly Temporary On-Call Independent Contractor | |

| PERSONAL | | | |
|---|-----------------------------|---------------------------------------|---------------------------------|
| Name - Last | First | Middle Initial | Other Last Names Used: |
| Present Address - Number and Street | | City | State Zip |
| Home Phone Number () | Work Phone Number () | May we contact you at work? YES NO | Social Security Number/Tax I.D. |
| Do you have a family member working for BHR? YES NO | | | |
| If yes, Name _____ Relationship _____ | | | |

| EDUCATION | | | | | |
|------------------------------|-------------------------|-----------------|------------------------|------------------|-------------------|
| SCHOOL | NAME/LOCATION OF SCHOOL | COURSE OF STUDY | NO. OF YEARS COMPLETED | DID YOU GRADUATE | DEGREE OR DIPLOMA |
| Graduate | | | | YES NO | |
| College | | | | YES NO | |
| Business/Trade/ Technical | | | | YES NO | |
| High School/GED | | | | YES NO | |

L I C E N S E

| | |
|--|--|
| <p>___ Counselor Registration License</p> <p><input type="checkbox"/> Social Worker <input type="checkbox"/> MH Counselor <input type="checkbox"/> Family Therapist</p> <p>___ Psychiatrist (M.D./D.O.)</p> <p>___ Advanced Registered Nurse Practitioner</p> <p>___ Registered Nurse</p> <p>___ Licensed Practical Nurse</p> <p>___ Other (specify) _____</p> | <p>WASHINGTON STATE</p> <p>License/Registration/Certification Number: _____</p> <p>Exp. Date: _____</p> <p><i>If Applicable:</i></p> <p>DEA Number (MD/ARNP): _____</p> <p>DSHS Provider Number: _____</p> <p>Board Certified: YES NO</p> <p>Board Eligible: YES NO</p> |
|--|--|

S P E C I A L I S T S

| | |
|--|---|
| <p>___ Chemical Dependency Professional</p> <p>___ Child Mental Health Specialist</p> <p>___ Disabilities Mental Health Specialist (Specify: _____)</p> <p>___ Ethnic Minority Mental Health Specialist (Specify: _____)</p> | <p>___ Mental Health Professional</p> <p>___ Geriatric Mental Health Specialist</p> |
|--|---|

**Documentation will be required from previous supervisor(s) identifying his/her credentials, your full/part time status, your specific dates of employment, and the number of training hours you have received in the area of specialty.*

OFFICE AND CLERICAL APPLICANTS ONLY

| | | |
|--------------------------------|-------------------------------|----------------------------|
| Typing Speed: _____ WPM | Dictaphone: YES NO | Data Entry: YES NO |
| Word Processing: YES NO | Ten Key: YES NO | Fax Machine: YES NO |
| Switchboard: YES NO | Medical Charts: YES NO | Reception: YES NO |

Computer Skills: _____

Hardware Knowledge: _____

Software Knowledge: _____

Other Relevant Skills: _____

CIRCLE EITHER YES OR/ NO SPECIFY WHERE INDICATED

| | | |
|---|-----|----|
| Do you have a driver's license? | YES | NO |
| Have you had a driver's license for at least 7 years? | YES | NO |
| Do you have proof of auto insurance? | YES | NO |
| Do you have current documentation of CPR training? | YES | NO |
| Do you have current documentation of First Aid training? | YES | NO |
| Do you have a Food Handler's Permit? | YES | NO |
| Can you travel within the area if your position requires it? | YES | NO |
| Can you work unusual hours - overtime, weekends or evening shifts? | YES | NO |
| Have you ever been employed by this agency in the past? | YES | NO |
| If yes, when: _____ | | |
| Are you legally authorized to be employed in the United States? (Documentation is required for the I-9 Form) | YES | NO |
| Are you bonded? | YES | NO |
| If you are under the age of 18, can you furnish a work permit? | YES | NO |
| Do you have a private practice? (Attach Business License) | YES | NO |
| Are you employed somewhere else? | YES | NO |
| If yes, indicate where: _____ | | |

CIRCLE EITHER YES OR/ NO SPECIFY WHERE INDICATED (CONT'D)

| | | |
|--|-----|----|
| Have you been convicted of a felony in the past 7 years? | YES | NO |
| If yes, specify conviction: _____ | | |
| Have you ever worked for BHR, Community Mental Health, or South Sound Mental Health? | YES | NO |

EMPLOYMENT HISTORY

Please list your employment history beginning with your most recent position. Do not reference personal resume.

| | | |
|--------------------------------------|---|-----------------------|
| Dates Employed: From: _____ To _____ | | Position Title |
| Employer | Telephone () | |
| Address | | |
| Salary/Hourly Rate: | Start _____ Final _____ | Hours Worked per Week |
| Duties | | |
| Your Supervisor's Name | May we contact? YES NO <i>We may contact if left blank</i> | |
| Reason for Leaving | | |

| | | |
|--------------------------------------|---|-----------------------|
| Dates Employed: From: _____ To _____ | | Position Title |
| Employer | Telephone () | |
| Address | | |
| Salary/Hourly Rate: | Start _____ Final _____ | Hours Worked per Week |
| Duties | | |
| Your Supervisor's Name | May we contact? YES NO <i>We may contact if left blank</i> | |
| Reason for Leaving | | |

REFERENCES

List three (3) PROFESSIONAL references below:.

| | NAME & ADDRESS | TELEPHONE | RELATIONSHIP | YRS KNOWN |
|---|----------------|-----------|--------------|-----------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

READ CAREFULLY THE FOLLOWING STATEMENTS AND AGREEMENT BEFORE SIGNING THE APPLICATION

Only U.S. citizens and others lawfully authorized to work in the United States will be hired.

I hereby understand that I will have to undergo a criminal background check to receive clearance for employment.

I certify that the information contained in this application is correct to the best of my knowledge and that any false or misleading information provided is grounds for dismissal or rejection of my application for employment.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I authorize Behavioral Health Resources to solicit information regarding my character, general reputation, previous employment, and similar background information, and to contact any and all references I have given on this application. I hereby release all persons and entities from all liability for providing such information.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this agency is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any statement, conduct or written document, unless such change is specifically acknowledged in writing by both an authorized executive of this agency and the Employee.

The contents of this application do not constitute an express or implied contract of employment.

In the event of employment, I understand that I am required to abide by all rules and regulations of the Employer.

SIGNATURE OF APPLICANT

DATE

Return the completed application to:

BHR
Attn: Human Resources
3857 Martin Way E.
Olympia, WA 98506

BEHAVIORAL HEALTH RESOURCES

Equal Employment Opportunity Applicant Data Record

As an Equal Opportunity Employer, we are committed to an Affirmative Action Program which ensures equal employment opportunities regardless of race, color, national origin, sex, age, religion, creed, marital status, ancestral heritage, sexual orientation, Vietnam Era Veteran status, HIV/AIDS status or the presence of any physical, mental and/or sensory disability. The agency's employment practices are consistent with applicable federal, state and local regulations on non-discrimination and employment.

The purpose for this Data Record is to comply with government record keeping, reporting and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is **OPTIONAL**. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are **NOT** a part of your Application for Employment or personnel file.

PLEASE NOTE: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY
(Please Print)

NAME: _____
POSITION APPLIED FOR: _____
DATE: _____

ETHNICITY:
 Black
 Native American/Alaskan Native
 Hispanic
 Asian/Pacific Islander
 White
 Other (*specify*) _____

SEX:
 Male Female

VIETNAM ERA VETERAN:
 Yes No

DISABILITY STATUS (*Check as appropriate*):
 Physical Disability
 Mental Disability
 Sensory Disability

DISABLED VETERAN:
 Yes No

DATE OF BIRTH: _____

* Return to the Human Resources Department *