



JOB APPLICATION

As an Equal Opportunity Employer, Western Montana Mental Health Center encourages applications from minorities, women and persons with disabilities. We do not discriminate employment opportunities or practices on the basis of race, creed, color, religion, sex/gender (including pregnancy), sexual orientation, national origin, age, disability, marital status, sex distinction or preference, veteran status or on the basis of genetic information when the reasonable demands of the position do not require an age, physical or mental disability, marital or gender distinction.

Applications with incomplete information will not be considered. If a question does not pertain to you, write in the letters "N/A".

Name (Last, First, Middle)		Phone Number	
Mailing Address	City	State	Zip Code

Position applying for: _____

Date available for employment: _____

How did you hear about this opportunity? _____

Please specify, such as name of newspaper, website, etc: _____

EDUCATION:

	High School	Vo-Tech/Other	Undergraduate College / University	Graduate / Post-Graduate
School Name City & State				
# of Years Completed				
Diploma/Degree				
Describe course of study and any relevant coursework for the position.				

LICENSURE/CERTIFICATION:

Type of Licensure / Certificate	State	Number	Expiration

If you do not have a required licensure/certification, have you applied for one? Yes ____ No ____

When do you expect to become licensed / certified? _____

EMPLOYMENT HISTORY: List present or most recent experience first, including full-time, part-time and volunteer work. Briefly describe your specific duties, responsibilities and accomplishments in this job, including a review of any supervisory responsibilities and special skills required. All information is **required**.

Have you ever worked for Western Montana Mental Health Center, Western Montana Addiction Services, or any of their affiliates? Yes ____ No ____

If yes, please indicate when and where: _____

Dates Employed		Position Title: _____
From:	To:	
Salary		Name / Title of Supervisor: _____
Start:	End:	Phone Number: _____
		Reason for Leaving: _____
Describe your responsibilities:		

Dates Employed		Position Title: _____
From:	To:	Name / Address of Employer: _____
Salary		Name / Title of Supervisor: _____
Start:	End:	Phone Number: _____
		Reason for Leaving: _____

Describe your responsibilities:

Dates Employed		Position Title: _____
From:	To:	Name / Address of Employer: _____
Salary		Name / Title of Supervisor: _____
Start:	End:	Phone Number: _____
		Reason for Leaving: _____

Describe your responsibilities:

Dates Employed		Position Title: _____ Name / Address of Employer: _____ Name / Title of Supervisor: _____ Phone Number: _____ Reason for Leaving: _____
From:	To:	
Salary		
Start:	End:	
Describe your responsibilities:		

SUPPLEMENTAL BACKGROUND INFORMATION (please explain any “YES” answers in space provided below.)

Yes No

1. Have you ever been convicted for neglect or abuse, sexual abuse, or other acts of violence?*
2. Have you ever been convicted for violating any other law or ordinance (excluding minor traffic violations)?
3. Are you currently being investigated for neglect, abuse or any violation of any law?
4. Have you ever been terminated from any job for any reason other than a layoff?
5. Has your professional registration/license ever been denied, revoked, suspended, reduced, limited, placed on probation, not renewed, or voluntarily relinquished?

*Please note conviction does not automatically exclude you from consideration for employment. A conviction will only be considered as it relates to your fitness to perform the job being sought.

Question #	Date	Explanation

PROFESSIONAL REFERENCES:

Name	Occupation / Title	How Known	Phone Number

I **DO** want to be notified before contacting my present employer for a reference check.

I voluntarily authorize the Western Montana Mental Health Center the right to complete a background check, which will include contacting my former employers, law enforcement agencies, and/or other personal and professional references. Any law enforcement or criminal justice agency contacted by the WMMHC is authorized to disseminate my criminal history record information to the WMMHC.

I waive any claim against a previous employer or personal/professional reference for any statement made in support or opposition to my prospective employment, and understand that Western Montana Mental Health Center will suffer no liability as the result of such inquiries.

I understand all offers of employment are contingent on verification of references, driving history (DMV record), criminal history, and/or credentials. I hereby guarantee the correctness of the above statements. The making of false or misleading statements or any material omission will be sufficient cause for denying me consideration for employment or dismissal from employment.

Signature of Applicant

Date