

Red Mountain Behavioral Health Services

1223 S. Clearview Avenue Suite #110, Mesa, AZ 85209

PHONE: 480-641-9552 FAX: 480-981-0893

www.rmbhs.com

EMPLOYMENT APPLICATION

(Print Clearly in Black Ink)

Position Applied for: _____ Date Completed: _____

Name (Last) _____ (First) _____ (Middle) _____

Referred by: Newspaper Internet Other Professional Friend/Relative (Name): _____

Are you related to a current employee at this agency ___No ___Yes Whom: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Business/Message Phone Number: _____ Emergency Contact: _____ Phone #: _____

Do you have the legal right to work and be employed in the U.S.? Yes No
(Proof & Legal authority to work in the U.S. are conditions of employment)

Are you conversant in any language other than English? Yes No If yes, please list: _____

Have you ever worked at Red Mountain Respite or Behavioral Health Services Yes No

If (Yes) give payroll name if different from application _____

Reason for leaving: _____

Have you ever been convicted of a crime other than a traffic violation? No Yes If yes please state the charge, court date and disposition of the case.

A "Yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.

Type of Employment (Check preferences):

Contract Full Time Part Time On Call Weekends Holidays

Days: Sun. Mon. Tues Wed. Thurs. Fri. Sat.

Shifts: Days Evenings Nights Respite shift

EDUCATION

Did you receive a High School Diploma or GED? Yes No If NO, circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12

Name, Please list all attended

City/State

Degree/Certificatin

Date Received

Major (area of study)

High School / G.E.D.

College

College

College

College

College

*Documentation required before employment offer is official.

Are you a Licensed behavioral health professional in the state of Arizona Yes No

IF YES, PLEASE LIST **PROFESSIONAL LICENSES AND/OR CERTIFICATIONS APPLICABLE TO THE POSITION FOR WHICH YOU ARE APPLYING:**

TYPE	REGISTRATION OR LICENSE #	ISSUED BY	EXPIRATION DATE

EMPLOYMENT AND WORK HISTORY

Please list your job/work/internship experience **FOR THE PAST SEVEN YEARS** beginning with your **PRESENT** or most recent experience and end with your oldest work experience. Failure to provide complete and accurate information may result in your application being disqualified and or termination of employment. Are you employed now? Yes No May we contact your present employer? Yes No

NAME OF COMPANY: _____ SUPERVISOR'S NAME: _____ WORK DATES: MONTH____YEAR____ TO MONTH____YEAR____ COMPUTER EQUIPMENT / SOFTWARE USED: _____	COMPANY ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE: _____ YOUR TITLE: _____ DID YOU WORK: <input type="checkbox"/> FULL TIME RATE OF PAY: <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY REASON FOR LEAVING _____
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RESPONSIBILITIES:

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RESPONSIBILITIES: _____

RED MOUNTAIN BEHAVIORAL HEALTH / RED MOUNTAIN RESPITE

RED MOUNTAIN BEHAVIORAL HEALTH / RESPITE IS AN EQUAL OPPORTUNITY EMPLOYER

February 1, 2006

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EMPLOYMENT APPLICATION

READ THE FOLLOWING STATEMENT CAREFULLY. APPLICATION IS INVALID UNLESS SIGNED BY THE APPLICANT.

I hereby certify that the facts set forth on this application are true and complete and that any misrepresentation, falsification or willful omission herein shall be sufficient reason for dismissal or refusal of employment. I authorize RED MOUNTAIN BEHAVIORAL HEALTH / RED MOUNTAIN RESPITE to investigate all information contained in this application including contacting previous employers. I also grant permission to any previous employer to disclose any and all information concerning my previous employment.

RED MOUNTAIN BEHAVIORAL HEALTH / RED MOUNTAIN RESPITE is a drug free workplace. I agree to submit to a drug screening according to RED MOUNTAIN BEHAVIORAL HEALTH / RED MOUNTAIN RESPITE procedures. I understand that I may be required to submit to drug or alcohol testing when reasonable suspicion indicates drugs or alcohol may have contributed to a work related accident or suspicious behavioral incident.

Contractors will be required to provide proof of professional liability.

I understand that the terms of my employment, including working conditions, compensation, benefits, hours of work, work schedule, job assignment and location will be determined and/or changed within the discretion of RED MOUNTAIN BEHAVIORAL HEALTH / RED MOUNTAIN RESPITE and pursuant to its applicable policies. All employees and or contractors of RED MOUNTAIN BEHAVIORAL HEALTH / RED MOUNTAIN RESPITE are at-will employees whose employment with RED MOUNTAIN BEHAVIORAL HEALTH / RED MOUNTAIN RESPITE may be terminated at any time, with or without cause, and with or without notice at the option of either RED MOUNTAIN BEHAVIORAL HEALTH / RED MOUNTAIN RESPITE or the employee.

Applicant's Signature: _____ Date: _____

**RED MOUNTAIN BEHAVIORAL HEALTH / RED MOUNTAIN RESPITE IS AN EQUAL
EMPLOYMENT OPPORTUNITY EMPLOYER**

It is the policy of RED MOUNTAIN BEHAVIORAL HEALTH / RED MOUNTAIN RESPITE to provide equal opportunity in employment to all employees and applicants for employment. No person will be discriminated against in employment because of race, religion, color, sex, age, national origin, disability, military status, or any other characteristic protected by applicable federal or state law.

NOTE: All applications are reviewed by the Office Manager. If you meet the minimum qualifications, your application/s will be referred to the hiring department for review. If an interview is to be scheduled, you will be contacted by the department. You will **NOT** be notified unless an interview is scheduled. We appreciate your interest in employment with **RED MOUNTAIN BEHAVIORAL HEALTH / RED MOUNTAIN RESPITE.**

FOR OFFICE USE ONLY: Reviewed by: _____ Date: _____