

Employment Application

Note to Mac users: this PDF file must be opened in Adobe Acrobat. Right-click, select “Save As,” save to a convenient location (your desktop will be fine) and open using Adobe Acrobat. This PDF will not work correctly in Safari’s built-in PDF reader or in Preview.

It is the policy of Valley Cities Behavioral Health Care to provide equal employment opportunities to all applicants without regard to any legally protect status such as race, color, religion, gender, sexual orientation, national origin, age, disability or veteran status.

If you need help in completing this application, please request assistance by emailing hrsupport@valleycities.org

Date of application: _____

PERSONAL DATA:

Legal First Name: _____ Legal Middle Name: _____

Legal Last Name: _____ Preferred Name: _____

Mailing Address: _____

Contact Number: _____ Mobile Number: _____ Email Address: _____

Position Applying for: _____

Date available for work: _____ Desired Salary: _____

How did you hear about Valley Cities? _____

Referred By: _____

Are you a Veteran of Military Service? () Yes () No

Are you currently authorized to work in the United States? () Yes () No

Do you now, or will you in the future, require sponsorship for a work visa? () Yes () No

Reason for which you are applying for this position: _____

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PROFESSIONAL EXPERIENCE:

Name of Recent/Current Employer: _____

Position Held: _____ Dates of Employment from: _____ to: _____

Check all that apply: () Paid () Intern () Volunteer () Full-Time () Part-Time Number of hours/week: _____

Supervisor: _____

Job Duties: _____

May we contact this reference? () Yes () No Supervisor Phone Number: _____

Reason for leaving or if still employed, desire to leave: _____

What did like about your job? _____

What did you like least? _____

Name of Previous Employer: _____

Position Held: _____ Dates of Employment from: _____ to: _____

Check all that apply: () Paid () Intern () Volunteer () Full-Time () Part-Time-Number of hours/week: _____

Supervisor: _____

Job Duties: _____

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May we contact this reference? () Yes () No Supervisor phone number: _____

Reason for leaving: _____

What did like about your job? _____

What did you like least? _____

Name of Previous Employer: _____

Position Held: _____ Dates of Employment from: _____ to: _____

Check all that apply: () Paid () Intern () Volunteer () Full-Time () Part-Time Number of hours/week: _____

Supervisor: _____

Job Duties: _____

May we contact this reference? () Yes () No Supervisor phone number: _____

Reason for leaving: _____

What did like about your job? _____

What did you like least? _____

EDUCATIONAL BACKGROUND:

EDUCATION	Name and Location of School	No. of yrs attended	Degree Received	Subjects studied/Major
High School				
College or University				
Trade, Business or Correspondence School				

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Please explain any gaps in your employment excluding personal injury, disability or illness:

Please explain any gaps in your employment excluding personal injury, disability or illness (cont....):

Notable skills and experiences that could help you qualify for this position:

Professional Affiliations/Memberships:

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PLEASE READ BEFORE SIGNING:

I certify that all answers and statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, might affect this application unfavorably. I understand that any falsification, misrepresentation or material omission of information submitted on this application will constitute grounds for denial or immediate dismissal from employment.

As part of our Medicare compliance program, Valley Cities reviews FACIS on all job applicants before extending an offer of employment. We also review FACIS annually on all current staff. FACIS includes information on individuals and organizations that have been excluded from federal health care programs, such as Medicare/Medicaid. Because the information obtained through FACIS is public information, we do not require written authorization to perform this search. Nevertheless, we inform all job applicants and current staff that we will be reviewing this information.

I understand that, if hired for this position, I will be required to take a Tuberculosis (TB) test and may have my fingerprints taken by Valley Cities Behavioral Health Care.

I understand that nothing in this application for employment is intended or should be construed as an offer, agreement or contract of employment.

I understand that this application submitted electronically is not valid unless I enter my name in the signature field below and such action shall constitute an electronic signature.

I certify that I have read the above.

Applicant's Signature: _____ **Date:** _____

Print Name: _____

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PROFESSIONAL REFERENCES:

List five individuals who would be willing to provide a professional reference for you. Include name, phone number, and email address. **At least one (1) professional reference should be a supervisor.**

1. Name: _____ Relationship: _____

Phone#: _____ Email: _____

2. Name: _____ Relationship: _____

Phone#: _____ Email: _____

3. Name: _____ Relationship: _____

Phone#: _____ Email: _____

4. Name: _____ Relationship: _____

Phone#: _____ Email: _____

5. Name: _____ Relationship: _____

Phone#: _____ Email: _____