



Rocky Mountain Behavioral Health, **APPLICATION FOR EMPLOYMENT**  
Inc.

**PLEASE PRINT** Phone # \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ e-mail: \_\_\_\_\_

Position applying for: \_\_\_\_\_  Full-time  Part-time

Would you be available to work some evenings?  Yes  No

Can you travel if required by this position?  Yes  No Driver's license #: \_\_\_\_\_ State: \_\_\_\_\_

Have you been previously employed by RMBH?  Yes  No If yes, when? \_\_\_\_\_

<b>EMPLOYMENT HISTORY</b>		
<b>Dates Employed</b> <i>Month Year</i>	<b>Name, City/State, and Phone of Employer</b>	<b>Job Title and Duties Performed</b>
<b>From:</b>	<b>Business:</b>	
	<b>City, State:</b>	
<b>To:</b>	<b>Phone:</b>	
	<b>Supervisor:</b>	
<b>From:</b>	<b>Business:</b>	
	<b>City, State:</b>	
<b>To:</b>	<b>Phone:</b>	
	<b>Supervisor:</b>	
<b>From:</b>	<b>Business:</b>	
	<b>City, State:</b>	
<b>To:</b>	<b>Phone:</b>	
	<b>Supervisor:</b>	
<b>From:</b>	<b>Business:</b>	
	<b>City, State:</b>	
<b>To:</b>	<b>Phone:</b>	
	<b>Supervisor:</b>	

Are you presently employed?  Yes  No May we contact your current supervisor? \_\_\_\_\_ If no, why not? \_\_\_\_\_

**SKILLS AND LICENSES (Identify additional job-related skills, i.e., computer, languages, certificate #)**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 5. \_\_\_\_\_ 6. \_\_\_\_\_

**EDUCATIONAL HISTORY**

Name and Location	Course of Study	Graduation/dates of attendance Degree/Certificate?

**REFERENCES (Do not include previous employers listed under Employment History)**

Name	Phone	Professional or Personal
	(     )	
	(     )	
	(     )	

I understand that any misrepresentation or material omissions made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I also understand that if I am employed, I will need to show a Colorado Driver's License and proof of current insurance.

I understand for this application to be accepted, I must also complete and sign the RMBH *Application Policies and Release* form, that will further outline additional policies as well as the background clearance disclosure.

**My signature below indicates the information contained in this application is true and accurate to the best of my ability.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_