

SEQUOIA

MENTAL HEALTH SERVICES, INC.

EMPLOYMENT APPLICATION

Please carefully read and complete each question. You will not be considered for employment if you fail to completely answer all the questions on this application.

PERSONAL DATA/CONTACT INFORMATION				
Last Name	First Name	M.I.		
Address	City	State	Zip	
Phone Number		Email Address		
Are you over 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have proof of Auto-Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		

POSITION INFORMATION/AVAILABILITY								
Position Applied for	Date Available to Start	Salary Desired	Have you ever worked for Sequoia before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, dates _____					
Hours available each week	Preferred Shift <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Night	Shift Availability						
		M	T	W	Th	F	S	S
		From						
		To						

EDUCATION INFORMATION <small>Please list any education or training you feel relates to the position applied for that would help you perform the work, such as high school, college degrees, vocational or technical programs and military training.</small>		
High School	City, State	Degree Obtained
College	City, State	Degree Obtained
Other Education	City, State	Degree Obtained

SPECIAL SKILLS <small>Please list any special skills, certifications or experiences that you feel would help you in the position that you are applying for.</small>

REFERENCES <small>Please list three (3) Professional references, not related to you. Professional references should be work-related, preferably supervisors.</small>				
Name	Email Address	Phone Number	Relationship	Years Known

EMPLOYMENT HISTORY Please list your employment history starting with your most recent employer.

Employer Name	City, State	Dates of Employment
Job Title	Supervisor's Name & Phone Number	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving	
Job Duties and Responsibilities:		

Employer Name	City, State	Dates of Employment
Job Title	Supervisor's Name & Phone Number	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving	
Job Duties and Responsibilities:		

Employer Name	City, State	Dates of Employment
Job Title	Supervisor's Name & Phone Number	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving	
Job Duties and Responsibilities:		

Employer Name	City, State	Dates of Employment
Job Title	Supervisor's Name & Phone Number	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving	
Job Duties and Responsibilities:		

CERTIFICATION & SIGNATURE

This organization is an equal opportunity employer and does not discriminate because of age, sex, race, color, national origin, handicap, religious or sexual preferences, veteran or family status. This organization participates in E-verify. This application remains valid for 60 days.

I understand that any oral or written statement that is false, fraudulent or misleading that is contained in this application or attached materials will result in rejection of my application and denial of employment.

- I certify that all statements contained herein are true and complete whether made by me or others at my request.
- I understand that I must prove that I am authorized to work in the United States if I am hired.
- I authorize the employing agency to verify the employment, references and education information provided on this employment application.
- I authorize my driving record be checked if the position for which I am applying requires driving.
- I understand and agree to be subjected to a criminal history background check.
- I understand that, if I am selected for employment, I must pass a post-offer drug screen. As an employee, I agree to be a participant in Sequoia MHS's ongoing drug screening program, as defined in the Personnel Policy.
- I agree to conform to the policies and procedures of Sequoia MHS and understand my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either Sequoia MHS or myself.

Print Name

Signature

Date