



**SIouxLAND
MENTAL HEALTH CENTER**

We are an equal employment opportunity employer that does not discriminate on the basis of race, color, national origin, sex, religion, age, sexual orientation, or disability in employment or the provision of services.

Application for Employment

Siouxland Mental Health Center
625 Court Street, PO Box 1917
Sioux City, IA 51102-1917
(712) 252-3871

APPLICANT INFORMATION

Last Name				First			M.I.		Date		
Street Address							Apartment/Unit #				
City				State			ZIP				
Phone				E-mail Address							
Date Available				Desired Salary							
Position Applied for											
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?								
Are you related to a current employee or member of the Board of Directors of SMHC?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, who?								

EDUCATION

High School				Address							
			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College				Address							
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other				Address							
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					

REFERENCES

Please list three **professional** references.

Full Name				Relationship							
Company				Phone							
Address											
Full Name				Relationship							
Company				Phone							
Address											
Full Name				Relationship							
Company				Phone							
Address											

I acknowledge that my references listed above will be contacted as part of a background check. I also acknowledge that criminal history and child and dependent adult abuse checks will be conducted if I am identified as a candidate for a position with Siouxland Mental Health Center.

Initials and date:

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, please explain		

ABUSE/CONVICTION		EXCLUSION			
Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime, in this state or any other state?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever been excluded from participation in Medicare, Medicaid, or any other Federal healthcare program?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Explain any Yes answers above:

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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