

# EMPLOYMENT APPLICATION

Panhandle Mental Health Center/Region I Behavioral Health  
4110 Avenue D  
Scottsbluff, NE 69361  
308-635-3171

**EMPLOYER'S STATEMENT:** PMHC/Region I adheres to the equal employment opportunity guidelines set forth by state and federal laws. The information contained on this form is sought in good faith and will not be used in any way to discriminate against any applicant on the basis of race, religion, national origin, age, disability, or sex.

**INSTRUCTIONS TO APPLICANT:** Use black ink or typewriter. Answer all questions completely, and sign and date this form where indicated. If more space is necessary to answer any questions, attach an additional sheet.

NAME \_\_\_\_\_  
Last First Middle Initial

Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

May we contact you at work?  Yes  No

If yes, work phone \_\_\_\_\_ and best time to call \_\_\_\_\_

Position desired \_\_\_\_\_ email address \_\_\_\_\_

Type of employment desired  Full time  Part time  Temporary  Seasonal  Educational

Date available for work \_\_\_\_\_

List any reasons known to you why you might be unable to perform consistently and promptly any of the job duties \_\_\_\_\_  
\_\_\_\_\_

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work in our facility \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Have you ever been disciplined or fired? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, Why? \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please Explain: \_\_\_\_\_

Have you ever been required by any licensing board or professional ethics body to  
surrender your license? Yes \_\_\_\_\_ If yes, why? \_\_\_\_\_ No \_\_\_\_\_

Have you ever been found guilty of professional ethics code violations or professional  
misconduct?  
Yes \_\_\_\_\_ If yes, why? \_\_\_\_\_ No \_\_\_\_\_

I understand and agree that:

1. Any material misrepresentation or deliberate omission of fact in my application is justification for refusal, or, if employed, termination from employment.
2. It is my understanding that Panhandle Mental Health Center will contact my previous employers and ask them background information about my performance. I hereby authorize Panhandle Mental Health Center to make all inquiries it deems necessary to make an informed decision regarding my employability. I also release all of my previous employers and PMHC from any liability that might attach to the release of the requested information. I completely and absolutely waive any cause of action against previous employers for releasing information to PMHC about my prior performance while in their employ. I also realize that Panhandle Mental Health Center is trying to make the best decision possible and it may base its decision to employ me in part or entirely upon the information it receives from my previous employers. Still, I do hereby release both Panhandle Mental Health Center and my prior employers based upon said information given or gained. I also understand that said investigation may prevent my being hired, or, if hired, may subject me to immediate dismissal.
3. I understand my employment may be terminated by this organization at any time without liability for wages or salary except such as may have been earned at the date of such termination. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of the job I am being considered for prior to employment or in the future during my employment with the organization.
4. Although administration makes every effort to accommodate individual preferences, needs of the region may at time make the following condition mandatory: overtime shift work, a rotation work schedule, or a work schedule other than Monday through Friday. If I am offered the position, I understand and accept these as conditions of my employment.

I further understand that this is an application for employment and that **no employment contract is being offered.**

I understand that if I am employed, such employment is for an indefinite period of time and that the region can change wages, benefits, and conditions at any time.

I have read and understand the above.

Signed \_\_\_\_\_ Date \_\_\_\_\_