

EMPLOYMENT APPLICATION

Green River Regional MH/MR Board

- RiverValley Behavioral Health
- RiverValley Behavioral Health - Hazelwood
- RiverValley Consulting Services
- Acumen Counseling Services
- Behavioral Health Services
- HUD Projects

(Valid for a period of ninety days after date of receipt.)

POSITION(S) DESIRED (required for application to be valid): _____ DATE _____

Name: _____ Social Security Number: _____
_____ (Last) (First) (Middle)

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: () _____ Work Phone: () _____ Message Phone () _____

In case of Emergency Notify: _____
_____ (Name) (Address) (Relationship)
(Phone Number)

I am applying for the following type(s) of employment (check all that apply):

Full-time Part-time PRN(as needed) Summer Temporary

I am available for/willing to accept the following shifts (check all that apply):

Day Evening Night Any Shift Rotating

Will you work overtime if required? Yes _____ No _____

I am available/willing to accept work in the following locations (check all that apply):

Daviess County Hancock County Henderson County McLean County
 Ohio County Union County Webster County

When can you begin work, if hired? _____

Are you legally authorized to work in the United States? Yes _____ No _____
(Proof of U.S. Citizenship or immigration status will be required upon employment)

Have you worked for this Agency (any affiliate named above) before? Yes _____ No _____ If Yes, years employed _____

Under what name? _____ Position Held _____ Supervisor _____

Have you ever applied for a position with the Agency before? Yes _____ No _____

If Yes, Year _____ Interviewed by: _____

List relatives or friends employed by the agency: Name _____ Relationship _____

Are you age 21 or older? Yes _____ No _____ (21 is minimum age for most direct care positions)

Do you have a current driver's license? Yes _____ No _____

Are you insured to use your vehicle for business purpose? Yes _____ No _____ Name of Carrier _____

Important Note: Before offering you a position, RiverValley will run a background check. Criminal charges, traffic violations, and court appearances will appear on this report. You are required to disclose criminal or traffic convictions. A guilty plea, payment of a fine or a plea agreement is considered to be a conviction. Convictions will not necessarily prevent you from being employed (depending on job-relatedness), but failing to disclose the requested information will.

Have you ever been convicted of or plead guilty to a crime? (misdemeanor or felony) Yes _____ No _____

If Yes, please explain _____

Do you have any criminal charges pending? Yes _____ No _____ If Yes, please explain _____

Have you ever been convicted of a health care criminal offense or are you ineligible for participation in a federally funded program? Yes _____ No _____ If Yes, please explain _____

Do you have any traffic convictions (e.g. speeding, reckless driving, DUI, etc.), during the past three years? Yes _____ No _____

If yes, give nature of violation _____

EDUCATION AND TRAINING

School	Name, City, State	Circle Last Year Completed	Degree/Diploma Course of study
High School		9 10 11 12	
College		1 2 3 4	
Graduate		1 2 3 4	
Vocational		1 2 3 4	
Business		1 2 3 4	

Have you served in the U.S. Military Service? Yes _____ No _____ If Yes, Branch: _____

Present Status: _____ Inactive _____ Active Reserve Date of Active Duty: _____ Type of Discharge: _____

Special Training: _____

PROFESSIONAL LICENSE/CERTIFICATION DATA (if applicable)

Do you hold a professional registration/certification/license in Kentucky? (RN, LPN, CSW, LCSW, etc.)

____ Yes _____ No If Yes, Type: _____ Expiration: _____ Reg./License Number: _____

Other states where registered: _____

CLERICAL/SPECIAL SKILLS (if applicable)

Typing/Data Entry Yes _____ No _____ Wpm: _____ Transcription Yes _____ No _____
Word Processing Yes _____ No _____ List computer programs in which you are proficient: _____

List other skills, training or hobbies that might be relevant to this position: _____

EMPLOYMENT HISTORY

Beginning with your current/most recent employment, please complete the section below in full. The submission of a resume does not replace the need to complete this section.

Company: _____ Job Title: _____ From: _____
_____ to _____
(mo/yr) (mo/yr)

Address: _____ City/State: _____ Zip: _____

Supervisor: _____ Phone Number () _____ May we contact? _____

Duties: _____

_____ Final Annual Salary _____ Reason for leaving: _____

Company: _____ Job Title: _____ From: _____
_____ to _____
(mo/yr) (mo/yr)

Address: _____ City/State: _____ Zip: _____

Supervisor: _____ Phone Number () _____ May we contact? _____

Duties: _____

_____ Final Annual Salary _____ Reason for leaving: _____

Company: _____ Job Title: _____ From: _____
_____ to _____
(mo/yr) (mo/yr)

Address: _____ City/State: _____ Zip: _____

Supervisor: _____ Phone Number () _____ May we contact? _____

Duties: _____

_____ Final Annual Salary _____ Reason for leaving: _____

Company: _____ Job Title: _____ From: _____
_____ to _____
(mo/yr) (mo/yr)

Address: _____ City/State: _____ Zip: _____

Supervisor: _____ Phone Number () _____ May we contact? _____

Duties: _____

_____ Final Annual Salary _____ Reason for leaving: _____

Company: _____ Job Title: _____ From: _____
_____ to _____

Address: _____ (mo/yr) City/State: _____ Zip: _____
_____ (mo/yr)

Supervisor: _____ Phone Number () _____ May we contact? _____

Duties: _____

_____ Final Annual Salary _____ Reason for leaving: _____

PROFESSIONAL REFERENCES

(Individuals who are familiar with your work background. Do not list relatives or supervisors named on page three.)

Name: _____ Position: _____ Years
Known: _____

Address: _____ City: _____ State: _____
___ Zip: _____

Business Phone: () _____ Residence Phone: () _____

Name: _____ Position: _____ Years
Known: _____

Address: _____ City: _____ State: _____
___ Zip: _____

Business Phone: () _____ Residence Phone: () _____

Name: _____ Position: _____ Years
Known: _____

Address: _____ City: _____ State: _____
___ Zip: _____

Business Phone: () _____ Residence Phone: () _____

APPLICANT CERTIFICATION AND AGREEMENT

(Please Read Carefully Before Signing)

I hereby give the Green River Regional MH/MR Board, Inc. the right to make a thorough investigation of my past employment, education and activities, and I release from all liability all persons, companies, and corporations supplying that information. I release and indemnify the Green River MH/MR Board, Inc. against any liability that might result from making such an investigation. I understand that any false answers, statements, or implications made by me in the application or other required documents may be considered sufficient cause for denial of employment or discharge.

I realize that if hired, I will be required to present proof of identity and employment eligibility as a condition of

employment. I also understand that the agency requires a drug screen as a condition of employment.

I realize that nothing in this application is intended to constitute a contract of employment, in whole or in part. Where a contract for employment is intended, it will be entered into separately. Employment with Green River Regional MH/MR Board is an at-will arrangement that may be terminated by either the employer or employee at anytime.

____ Date

Applicant=s Signature

This agency is an equal opportunity employer and does not discriminate against applicants on the basis of race, color, religion, national origin, sex, age, disability or other protected status.