



Range Mental Health Center

PO Box 1188

Virginia, MN 55792

EMPLOYMENT APPLICATION

Range Mental Health Center is an Equal Opportunity/Affirmative Action Employer

Complete this form in full. Do not write "See resume for more detail."

NAME Last First Middle			POSITION APPLYING FOR:		
ADDRESS			POSTING NUMBER	TODAY'S DATE:	
CITY		STATE	ZIP		STATUS DESIRED FULL-TIME PART-TIME OTHER
HOME PHONE		OTHER PHONE		DATE AVAILABLE FOR WORK	
EMAIL ADDRESS			SALARY DESIRED		
Have you applied at RMHC before? YES NO If yes, when?			Have you worked at RMHC before? YES NO If yes, when? Why did you leave?		
(For Driving Positions Only) Do you have a valid driver's license? YES NO Do you have a good driving record? YES NO			Have you ever been fired or asked to resign from a job? YES NO If yes, explain		
Are you <u>under</u> 18 years of age? YES NO Can you furnish proof that you are eligible to work in the U.S.? YES NO Proof of age and/or eligibility to work may be requested.			<u>A CRIMINAL BACKGROUND CHECK WILL BE REQUIRED</u> RMHC will not refuse employment to a person because of a criminal record unless RMHC deems the record is related to the position sought, or the individual is deemed ineligible for employment by the Minnesota Department of Human Services.		
Why would you like to work for Range Mental Health Center?					
What do you know about Range Mental Health Center?					

APPLICANT NAME: _____

PREVIOUS EMPLOYMENT INFORMATION: List all positions held. If needed attach additional sheet(s). Do not write "see resume for more detail."			
EMPLOYER	DATES EMPLOYED (MM/YY)		JOB TITLE
	FR	TO	
ADDRESS	Full-time	Part-time	SUPERVISOR
	Other		
CITY	STATE	ZIP	JOB DUTIES:
TELEPHONE ()			
May we contact?	YES	NO	
PAY INFORMATION			
START	END		
REASON FOR LEAVING:			
EMPLOYER	DATES EMPLOYED (MM/YY)		JOB TITLE
	FR	TO	
ADDRESS	Full-time	Part-time	SUPERVISOR
	Other		
CITY	STATE	ZIP	JOB DUTIES:
TELEPHONE ()			
May we contact?	YES	NO	
PAY INFORMATION			
START	END		
REASON FOR LEAVING:			
EMPLOYER	DATES EMPLOYED (MM/YY)		JOB TITLE
	FR	TO	
ADDRESS	Full-time	Part-time	SUPERVISOR
	Other		
CITY	STATE	ZIP	JOB DUTIES:
TELEPHONE ()			
May we contact?	YES	NO	
PAY INFORMATION			
START	END		
REASON FOR LEAVING:			

Make Additional Copies of this Page as Necessary

APPLICANT NAME: _____

ADDITIONAL EXPERIENCE OR QUALIFICATIONS - List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service which you would like considered in connection with your application for employment.

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REFERENCES - Please list three (3) persons who can provide professional references.

Name	Address	Phone #	Relationship/Occupation	Years Known

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts may be cause for denial of employment or immediate termination of employment regardless of the timing or the circumstances of discovery.

I understand that the submission of an application does not guarantee employment. I understand that none of the documents, policies, procedures, actions, or statements of Range Mental Health Center or its representatives used during the employment process is deemed a contract of employment, real or implied. I further understand that the "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Chief Executive Officer of Range Mental Health Center. If I become employed by Range Mental Health Center, I agree to conform to the rules, regulations, policies and procedures of Range Mental Health Center at all times and understand that such obedience is a condition of employment.

I understand that if offered a position with Range Mental Health Center I may be required to submit to a pre-employment medical examination, drug screening, and / or background check as a condition of employment. I understand that unsatisfactory results, refusal to cooperate, or any attempt to affect the results of any pre-employment testing will result in the withdrawal of any employment offer or termination of employment if already employed. I further understand a good driving record may be required to obtain and maintain a position of employment at Range Mental Health Center.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide the information to Range Mental Health Center and/or any of its representatives, agents, or vendors. I hereby release all parties from any and all liability for any and all damage that may result from providing such information.

I understand that this application for employment is considered current for six months. After this period I understand I must fill out and submit a new application for further consideration. By signing below I acknowledge that I have read, understood, and agree to the above statements.

Signature

Date

Name and number of person completing this form if other than applicant: _____

RMHC will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, disability, age, marital status, sexual orientation, familial status, genetic information or status with regard to public assistance.



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APPLICANT DATA RECORD

Government Agencies require reports on status of applicants. This data is for analysis and affirmative action only. Submission is voluntary. Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment, or later advancement in employment.

DATE: _____ POSITION APPLIED FOR: _____

GENDER: Male Female

RACE/ETHNICITY:

American Indian or Alaskan Native: A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

Black or African American: A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

Hispanic or Latino (All races): A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Two or More Races: A person who identifies with more than one of the above races.

Check if either of the following is applicable: Veteran Disabled Individual

Please identify where you learned about this employment opportunity with RMHC:

Newspaper ad
Web Site _____
Employee Referral
Recruiter

Tech School/College Placement
Temporary Service
State Employment Service
Other _____

RMHC will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, disability, age, marital status, sexual orientation, familial status, genetic information or status with regard to public assistance.