



Border Area Mental Health Services Inc.

SOUTHWEST COUNSELING CENTER Inc.

APPLICATION IS GOOD FOR 90 DAYS AFTER RECEIPT

Border Area Mental Health Services, Inc. dba, Southwest Counseling Center, Inc., is an Equal Opportunity Employer and does not discriminate based on race, age, religion, color, sex, national origin, ancestry, sexual orientation, gender identity, disability, or spousal affiliation.

Personal: _____ Date: _____

Name: _____ Social Security No. _____
Last First Middle Initial

Mailing Address: _____
No. Street City State Zip

Home Address: _____ Telephone No.: (____) _____

Previous Address: _____ How long did you like there? _____

Position(s) applying for: 1. _____ Rate of pay expected? \$ _____ per _____
2. _____ Rate of pay expected? \$ _____ per _____

How did you learn of this opening? _____

Do you want to work: Full-time or Part-time Specify days and hours if part-time: _____

Have you worked for us before? _____ If yes, when? _____

List any relatives working for us and their relation to you: _____

If hired, on what date will you be available to state work? _____

What current licenses and/or credentialing do you hold? _____

Are you willing to consent to a background check? Yes No

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? Yes No

If yes, describe in full: _____

PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY

Name: _____ Phone Number: _____

Address: _____

Educational Background

Type of School	Name and Address	How Many Years Attended	Graduated			Course or Major
High School			Yes		No	
GED (specify)			Yes		No	
College/University			Yes		No	
Business or Trade			Yes		No	

Current Licensure and/or Certification: _____

Personal References (Excluding Former Employers or Relatives)

Name	Address	Phone Number
1.		
2.		
3.		

Prior Work History (List in order, last or present employer first) (May attach resume)

Dates		Name and Address of Employer	Rate of Pay		Supervisor's Name and Title	Reason for leaving
From	To		Start	Finish		

Describe the work you did:

Dates		Name and Address of Employer	Rate of Pay		Supervisor's Name and Title	Reason for leaving
From	To		Start	Finish		

Describe the work you did:

Dates		Name and Address of Employer	Rate of Pay		Supervisor's Name and Title	Reason for leaving
From	To		Start	Finish		

Describe the work you did:

May we contact the employers listed above? _____ If not, indicate below which one(s) you do not wish us to contact and why:

APPLICANT'S CERTIFICATION AND AGREEMENT (PLEASE READ CAREFULLY)

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I also understand that denial of licensure, certification, or registration or failure to pass a background check will be considered sufficient cause for rejection of my application or cause of termination of my employment.

I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. I hereby authorize you to make any investigation of my personal and employment history through any means you choose.

Signature of Applicant: _____

Date: _____