

Four Corners Community Behavioral Health, Inc. Application for Employment

Application must be completed in full even if attaching a resume (do not write "see resume"). Please note that FCCBH refers to Four Corners Community Behavioral Health, Inc. and FCCMHC refers to Four Corners Community Mental Health Center, which was the prior name of FCCBH. Incomplete applications may be disregarded. Please print. Applications must be returned to Yvonne Wilson at 105 West 100 North in Price, or emailed to Ywilson@fourcorners.ws , faxed to 435-637-2377, or mailed to FCCBH, Inc., P.O. Box 867, Price, UT 84501.

Date of application _____ Position for which you are applying _____

What County are you available to work in? Carbon Emery Grand Where did you hear of this opening? _____

PERSONAL

PERSONAL		
Last Name	First Name	Middle Name
Present Address	City State & Zip	
Telephone Number	Alternate Number	
Email or other contact method		
Are any of your relatives presently employed with FCCBH, Inc? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, name of relative:		
Have you ever worked for FCCBH, Inc or FCCMHC before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, where and when:		

GENERAL INFORMATION

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you upon employment provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO A copy of your driving record will be required upon employment.
Can you with or without reasonable accommodation perform the essential functions of the job? <input type="checkbox"/> YES <input type="checkbox"/> NO (If you have any questions about the functions of the job please ask to obtain a copy of the job description before answering this question.) FCCBH, Inc. shall make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in undue hardship to the company. This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.
Have you ever plead guilty or no contest or otherwise been convicted by a judge or jury of any felony or misdemeanor? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain. (A conviction record will not necessarily be a barrier to employment. All offers of employment are contingent on your background criminal investigation clearance as required by law.)
Have you ever been fired or asked to resign from a job? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:
Have you ever committed, or been accused of committing, client or patient boundary violations? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain. (This will not necessarily be a barrier to employment. All offers of employment are contingent on your background criminal investigation clearance as required by law.)

AVAILABILITY

<input type="checkbox"/> I am available and desire to work 40 hours per week and do not have restrictions on my hours and days.		
<input type="checkbox"/> I am available and desire to work less than 40 hours per week. How many hours per week are you available to work? _____		
I am available to work nights <input type="checkbox"/> YES <input type="checkbox"/> NO	I am available to work weekends <input type="checkbox"/> YES <input type="checkbox"/> NO	Date available to start work: _____
What is your salary requirement?		

Explain any periods of unemployment:

EDUCATION

Type of School	Name of School & City, State	Course of Study or Major	Circle/Click Last Year Attended	Graduated	Diploma or Type of Certificate or Degree
High School			9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
College			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
College			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Graduate School			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Business, Trade or Other			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

SPECIALIZED TRAINING, APPRENTICESHIPS, LICENSES, ETC.

List any specialized training, apprenticeships, licenses or skills which you believe should be considered in evaluating your qualifications for employment. Please include your proficiency with Windows and email, and any software or applications experience.

REFERENCES

Please list 4 persons: 3 to 4 of them should be professional references who are not related to you. 1 may be a personal reference.

Name	Phone Number	Relationship to You / Their Occupation	Years Known

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

Please Read Carefully Before Signing

Employment decisions at FCCBH, Inc. shall be based on performance, qualifications, and abilities. FCCBH, Inc. shall not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, age, disability or other class protected under State or Federal law.

I certify that all information provided by me in this application (and any other accompanying documents) is true, accurate and complete. I understand that the falsification, misrepresentation or omission of any facts in said documents may be cause for denial of employment or immediate termination of employment, regardless of the timing or circumstances of discovery. Questions regarding this statement should be directed to the Human Resource Manager before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be interviewed or hired.

I hereby authorize any and all schools, current and former employers, references, and any others who have relevant information about me to provide such information to FCCBH, Inc. and/or any of its representatives, agents or vendors, and I release all parties involved from any and all liability for any and all damage that may result from providing such information. FCCBH, Inc. reserves the right to contact individuals not listed as references on this application (and any other accompanying documents) for the purpose of obtaining additional information. FCCBH reserves the right to contact your current employer.

I understand that if offered a position with FCCBH, Inc., I will be required to submit to a pre-employment drug screen and background criminal investigation. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed. In addition, I understand that FCCBH, Inc. will also verify current licensure and Medicare/Medicaid debarment status if applicable as a condition of employment.

If hired, I agree to abide by all of the policies and procedures of FCCBH, Inc., and understand that, FCCBH, Inc.'s employees are employed as employees-at-will. No employee has any obligation to continue working for FCCBH, Inc. and FCCBH, Inc. has no obligation to employ any employee, for any fixed period of time or specified duration, regardless of the position held or the manner in which compensation is paid. Each employee is free to resign at any time, with or without cause, and with or without advance notice. The Company similarly may terminate the employment relationship at any time, with or without cause, and with or without advance notice. Any statement made or action taken by any of FCCBH, Inc.'s officers, directors, management personnel or other employees which is inconsistent with FCCBH, Inc.'s policy of at-will employment is unauthorized, and should not be construed to create any express or implied promise or agreement by FCCBH, Inc. that any employee's employment with FCCBH, Inc. is other than "at-will." I understand that FCCBH, Inc. reserves the right to change any policies, procedures, compensation, fringe benefits, assigned work hours and/or assigned work location at any time. Only FCCBH, Inc.'s Board of Trustees has the authority to change FCCBH, Inc.'s policies, and any policy change must be approved by the Board of Trustees in writing.

I understand that this application will be considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

By signing below, I acknowledge that I have read, understand and agree to the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____

DATE _____

For Office Use Only

Date Received in HR Office _____

HR Manager initials _____