

CAPSTONE BEHAVIORAL HEALTHCARE, INC.

APPLICATION FOR EMPLOYMENT

We are pleased that you are interested in applying for a position with Capstone Behavioral Healthcare, Inc. This organization does not discriminate in hiring on the basis of race, creed, color, sex, sexual orientation, age, religion, disability or national origin.

Name: _____ Date: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: Work _____ Home _____ Cell _____

Position(s) applying for: _____

Are you a US citizen? YES NO

Are you legally authorized for employment in the United States? YES NO

Have you ever been convicted of a felony? YES NO

Do you hold a valid drivers license? YES NO

Do you have a car or personal transportation available for your use? YES NO

EDUCATION:

Name and location	Course of Study	# of years Completed	Did you Graduate?	Degree
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please identify current **Iowa** licenses/certifications held in support of the position applied for. Also list other licenses/certifications:

WORK EXPERIENCE: (Begin with most recent employment)

Employer	Dates Employed From To	Work Performed
Address		
Telephone #	Hourly rate/Salary Starting Ending	
Job Title Full-time ___ Part-time ___		
Supervisor's name & title	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving		

Employer	Dates Employed From To	Work Performed
Address		
Telephone #	Hourly rate/Salary Starting Ending	
Job Title Full-time ___ Part-time ___		
Supervisor's name & title	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving		

Employer	Dates Employed From To	Work Performed
Address		
Telephone #	Hourly rate/Salary Starting Ending	
Job Title Full-time ___ Part-time ___		
Supervisor's name & title	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving		

Military Service

Have you ever served in the U.S. Armed Forces? YES NO

Special training or skills obtained in service: _____

Professional References:

Name	Position	Address and Phone Number

If your application is considered favorably, at what date would you be available for work? _____

The information provided in this application for employment is accurate and complete. I understand that false statements on this form shall be considered sufficient cause for denial of employment or dismissal if hired. I understand employment at Capstone Behavioral Healthcare has no set duration, as all employees are employed at-will. My signature on this form indicates that I have agreed to the following conditions: (1) I will take any job-related tests requested by Capstone Behavioral Healthcare; (2) Capstone Behavioral Healthcare may obtain reference information; and (3) Capstone Behavioral Healthcare may verify my educational credentials and perform background checks regarding child and dependent adult abuse and criminal record.

Signature _____

Date _____

EQUAL OPPORTUNITY EMPLOYER