



P.O. Box 1337 • Vancouver, WA 98666 • (360)993-3000 • Fax (360)993-3047

Application for Employment

Columbia River Mental Health Services is committed to providing equal employment opportunities to all applicants regardless of race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. CRMHS only accepts applications for open positions.

APPLICANT INFORMATION

(PLEASE PRINT)

Position Applying For: _____

Date of Application: _____

Full Name: _____
Last First Middle

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone Numbers: _____
Home Cell

E-mail Address: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever applied with us before? YES NO If yes, please give date: _____

Have you ever been employed with us before? YES NO

If yes, please give dates of employment: From _____ To _____

Are you currently employed? YES NO If yes, may we contact your present employer? YES NO

On what date would you be available to start work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Have you ever been arrested and/or convicted of a crime? YES NO

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain: _____

EDUCATION

Name and Address of School (City and state)	Course of Study	Years Completed	Diploma Degree
High School/GED			
Undergrad College			
Undergrad College			
Graduate Professional			
Other (Specify)			

Professional Licensure				
License Name	State Issued	Expiration Date	License Number	Status (active, expired etc.)

Indicate any additional languages you speak, read and/or write.

Language _____

Speak: Fluent Fair Read: Fluent Fair Write: Fluent Fair

Language _____

Speak: Fluent Fair Read: Fluent Fair Write: Fluent Fair

Describe any specialized training, computer, skills, or equipment knowledge.

List professional, trade, business or civic activities, and offices held.

You may exclude membership which would reveal race, religion, creed, gender, national origin, age, veteran status, disability or other protected status:

EMPLOYMENT HISTORY

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. Please explain any interruptions in employment history.

Employer:	City and State:		
Supervisor/Title:	Phone: ()		
Job Title:	From:	To:	Ending Salary: \$
Reason for Leaving:	May we contact YES <input type="checkbox"/> NO <input type="checkbox"/>		
Responsibilities:			

Employer:	City and State:		
Supervisor/Title:	Phone: ()		
Job Title:	From:	To:	Ending Salary: \$
Reason for Leaving:	May we contact YES <input type="checkbox"/> NO <input type="checkbox"/>		
Responsibilities:			

Employer:	City and State:		
Supervisor/Title:	Phone: ()		
Job Title:	From:	To:	Ending Salary: \$
Reason for Leaving:	May we contact YES <input type="checkbox"/> NO <input type="checkbox"/>		
Responsibilities:			

Employer:	City and State:		
Supervisor/Title:	Phone: ()		
Job Title:	From:	To:	Ending Salary: \$
Reason for Leaving:	May we contact YES <input type="checkbox"/> NO <input type="checkbox"/>		
Responsibilities:			

PROFESSIONAL REFERENCES

Please provide non-related professional references from your current or most recent work experience; **preferably persons you have been supervised by.**

Name: _____ Phone #: (____) _____

Company: _____ E-mail address: _____

Name: _____ Phone #: (____) _____

Company: _____ E-mail address: _____

Name: _____ Phone #: (____) _____

Company: _____ E-mail address: _____

List any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. YES NO

How did you learn about us?

- | | |
|---|---|
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> CRMHS Internet Website |
| <input type="checkbox"/> Newspaper Advertisement | <input type="checkbox"/> Other Internet Website |
| <input type="checkbox"/> CRMHS Employee Name: _____ | <input type="checkbox"/> Other source _____ |

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that any misrepresentation, falsification, or omission of content given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

PLEASE RETURN APPLICATION MATERIALS TO:

COLUMBIA RIVER MENTAL HEALTH SERVICES
Attention: Human Resource Department
6926 N. E. Fourth Plain Boulevard
Vancouver, Washington 98661
PHONE: (360) 993-3000
FAX: (360) 993-3047