

SAMHC Behavioral Health Services

Employment Application

PRE-EMPLOYMENT NOTIFICATION

All offers for employment with Southern Arizona Mental Health Corporation (SAMHC) are contingent on the applicant successfully completing post-offer, employment physical and drug screen, background check, and credential verification, if applicable. Additionally, all positions throughout the agency require fingerprinting clearance through the Arizona Dept. of Public Safety.

APPLICATION PROCEDURES

- 1) Applications and/or resumes are accepted for all positions listed on the current SAMHC Recruitment Notice.
- 2) **All applications and/or resumes must indicate a desired position.**
- 3) Applications and/or resumes are to be sent to Human Resources, 2502 N. Dodge Blvd. Ste 190 or faxed to 520-617-1608.
- 4) Applicants meeting minimum qualifications will be forwarded to the hiring authority for the posted position.
- 5) Hiring authority will review information and schedule interviews with applicants who appear to best fit the position.
- 6) An Employment Application **must** be completed before an offer of employment can be extended.
- 7) H.R. will make or confirm all job offers.
- 8) H.R. or the hiring authority will notify all interviewed applicants of decision as soon as possible. Other applicants will not be notified.

PLEASE DO NOT CALL TO CHECK ON THE STATUS OF YOUR APPLICATION.



SAMHC Behavioral Health Services

2502 N. Dodge Blvd. #190
 Tucson, AZ 85716
 FAX (520) 617-1608
 Equal Opportunity Employer

EMPLOYMENT APPLICATION PERSONAL

Date:	Position Applying For:		
Last Name	First Name	M.I.	
Address:			
City:	State:	Zip	
Home Phone:	Cell Phone: Pager:	Social Security No.	

Are you a U.S. Citizen or legally authorized to work in this country? Yes _____ No _____

Arizona licensing regulations require all employees to be 21 years of age.
 Are you at least 21 years of age? Yes _____ No _____

Are you interested in working:

Regular Full Time	(40 hours)	Yes _____	No _____
Regular Part Time	(30-39 hours)	Yes _____	No _____
Modified Part Time	(20-29 hours)	Yes _____	No _____
Limited Part Time	(1-19 hours)	Yes _____	No _____
PRN	(On-Call)	Yes _____	No _____

If PRN (On-Call), what are your preference on work days and hours, please specify:

How were you referred to us? _____

EDUCATION

(If hired, you must contact the college & request your transcript be mailed directly to our HR Department)

Type	Name & Location	Dates Attended	Major	Graduate?	Degree
High School		XXXXXXXXXX XXXXXXXXXX			
College					
Graduate School					
Other					

CERTIFICATIONS/LICENSES

(Copy of Certification/License will be required if hired)

Type	Number	Date of Issue	Expiration Date	State of Issue

Please attach additional pages if more space is needed for any category.

EMPLOYMENT HISTORY

List current and prior employment for the past 15 years, starting with the most recent employer. If you had a break in between jobs, describe what you were doing & give dates. **DO NOT REFER OR SAY "SEE RESUME"**. **Fill in the form.** Enclose additional pages if necessary. Employers may be contacted for references.

Employer Name:	Telephone: ()	
Address:	City, State, Zip	
Dates of Employment: From:	To:	Salary:
Your Title:	Immediate Supervisor:	
Nature of Duties:	Reason for Leaving:	May We Contact Employer? Yes No

Employer Name:	Telephone: ()	
Address:	City, State, Zip	
Dates of Employment: From:	To:	Salary:
Your Title:	Immediate Supervisor:	
Nature of Duties:	Reason for Leaving:	May We Contact Employer? Yes No

Employer Name:	Telephone: ()	
Address:	City, State, Zip	
Dates of Employment: From:	To:	Salary:
Your Title:	Immediate Supervisor:	
Nature of Duties:	Reason for Leaving:	May We Contact Employer? Yes No

Employer Name:	Telephone: ()	
Address:	City, State, Zip	
Dates of Employment: From:	To:	Salary:
Your Title:	Immediate Supervisor:	
Nature of Duties:	Reason for Leaving:	May We Contact Employer? Yes No

If you are selected for employment at Southern Arizona Mental Health Corp. (SAMHC), you will be required to furnish proof of your identification and authorization to work in the United States of America (I-9 Form).

If you are selected for employment at SAMHC, you will be required to pass a job related physical, provide evidence of a negative TB test and provide evidence of fingerprinting by the Arizona Department of Public Safety with continuing employment contingent upon clearance, and a driver's clearance by our insurance company with continuing employment contingent upon clearance.

APPLICATION CERTIFICATION

Southern Arizona Mental Health Corp. (SAMHC) does not discriminate on the basis of race, color, religion, sex, national origin, age (over 40), non job related handicap or disability or any other basis prohibited by law.

I understand that if I am hired, I will be employed at the will of SAMHC and may be discharged by SAMHC at any time without cause, prior notice or warning. I understand that no administrator, manager or other representative of SAMHC may enter into any other type of employment agreement with me, either expressed or implied, and none will be recognized at any time regardless of my length of employment. I understand that the only exception to the above policy of at-will employment is a written employment contract signed by the Chief Executive Officer of SAMHC and designated as an Employment Agreement. I understand that this policy of at-will employment will not and cannot be modified by anyone at any time.

I voluntarily and knowingly authorize any present employer or supervisor, past employer or supervisor, college, university or other institution of learning, administrator, state agency, federal agency, private business, personal reference, and/or other persons, to give records or information they may have concerning motor vehicle history, wages earned, character, and employment records or any other information requested by SAMHC or any agent named by SAMHC. I, voluntarily and knowingly, unconditionally release and forever discharge SAMHC and any named or unnamed informant from any and all liability related to obtaining, furnishing or using this information. This authorization will be valid from the date signed and continue for as long as I am employed by SAMHC and a photographic or faxed copy of the authorization shall be valid as the original.

I certify that my statements on this application and any supporting documents and my response to all of the foregoing questions are true and correct, and there is no information that I have omitted, misrepresented or failed to include. If any of my statements or responses on this application are found to be untrue, misrepresented or omitted, I understand that such a finding may result in the rejection of my application, and, if employed, my immediate discharge or discharge at any time during my employment.

Signature: _____

Date: _____

Print Name: _____

NOTICE OF INTENT TO VERIFY BACKGROUND INFORMATION

In connection with my application for employment and continuing employment with SAMHC, I understand that a consumer or other reports may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information concerning my educational and professional certifications, my motor vehicle operation history, and criminal history from various state, private and insurance sources along with other public records available.

Applicant Signature: _____

Print Name: _____

Date: _____