KANZA MENTAL HEALTH AND GUIDANCE CENTER, INC.

EMPLOYMENT APPLICATION

Applicants are considered for all positions without regard to race, color, religion, sex, creed, national origin, political preference, covered veteran status, marital status, ancestry, age (as required by law), or disability and any other protected classes under relevant federal, state, and local laws, provided the applicant is qualified and with reasonable accommodations can perform the essential functions of the job in question, pursuant to section 504 of the rehabilitation act of 1973. Kanza Mental Health is an equal opportunity employer and does not discriminate in hiring or employment practice.

Please answer all questions on the entire application.

PERSONAL:

Are you under 18? _____

Were you ever discharged from a job? If so, by what company, when, and what for? EMPLOYMENT HISTORY							
					List all employment for the past 4 years with your present or most recent employment.		never is greater. Begin
					Employer:	Dates Employed:	to
Address:	Telephone Number:						
Job Title:	Supervisor:						
Hourly Rate/Salary: Starting:	Final						
Reason for Leaving:							
•••••							
Employer:	Dates Employed:	to					
Address:	Telephone Number:						
Job Title:	Supervisor:						
Hourly Rate/Salary: Starting:	Final						
Reason for Leaving:							
**********	*****						
Employer:	Dates Employed:	to					
Address:	Telephone Number:						
Job Title:	Supervisor:						
Hourly Rate/Salary: Starting:	Final						

Reason for Leaving: May we contact the employers listed? If not, indicated below which one(s) you do		vhy.	
**If additional space is needed, please attack	ch a separate sheet of paper.		
**********	********	******	*****
(If additional space is needed, please feel freemployment history.)	DUCATION ree to attach a separate sheet f	or additional	
School Name and Address	# Years Attended	Graduated	<u>Major</u>
High School		YesNo	
Vo/Tech		YesNo	
College		YesNo	
Post Graduate		YesNo	
PROFESSIONAL LICENSES/CERTIFISKILLS	•	RAINING, OT	CHER
RI	EFERENCES		
Please list three people (other than relatives your qualifications. Also list one family m	· ·	nay contact to v	verify
Name/Relationship:	Phon	ie	
Address:			
Name/Relationship:	Phon	ne	
Address:			
Name/Relationship:	Phon	ne	
Address:			

Name	Relationship: Phone
Addre	ss:
Agree	ment, Release and Consent by Applicant
possib	ndersigned applicant for employment, in return for Kanza's consideration of me as a le employee, agrees and consents that Kanza and its agents have permission any time or after employment to:
1.	Obtain receipt of satisfactory references and investigations which may include, but are not limited to, contact prior employers, schools, personal references and obtaining information from law enforcement officials concerning any past or present criminal activity.
2.	I understand that this application for employment shall be considered only for the specific position which I am applying. I also understand that unsolicited applications and resumes will be returned with instructions regarding Kanza's recruitment process.
3.	I authorize all persons who have information relevant to the above to disclose it to Kanza or its agents and I release all persons from liability on account of such disclosure.
4.	I understand and agree that this employment application and any other Kanza documents are not contracts of employment and that any individual who is hired may voluntarily leave employment upon proper notice and may be terminated the Kanza at any time, for any reason, with or without cause. I further understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective employee. I also acknowledge that any false statements in this application or other documents signed by myself will be sufficient cause for dismissal.
5.	I affirm that the information given on this application is true and complete to the best of my knowledge. I understand that deliberate false statements or misrepresentations could

be considered grounds for rejection of my application and could be considered cause for

_Date: _____

immediate dismissal if employed.

Signature of Applicant: