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:

If you are employed, why do you want to make a change?						
Were you ever discharged from a job? _ If so, by what company, when, and what						
EMPI	OYMENT HISTORY					
List all employment for the past 4 years with your present or most recent employ	± •	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:	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	u do not wish us to contact and w	vhy.	
			<u> </u>
**If additional space is needed, please a	attach a separate sheet of paper.		
**********	**********	******	**
(If additional space is needed, please fee employment history.)	EDUCATION el free to attach a separate sheet f	or additional	
School Name and Address	# Years Attended	Graduated Majo	<u>r</u>
High School		YesNo	
Vo/Tech		YesNo	
College		YesNo	_
Post Graduate		YesNo	
PROFESSIONAL LICENSES/CERT SKILLS			
	REFERENCES		_
Please list three people (other than relat your qualifications. Also list one family		nay contact to verify	
Name/Relationship:	Phor	e	
Address:			
Name (Delectionalities	DI		
Name/Relationship:		ne	
Address:			
Name/Relationship:	Phor	ne	_
Address:			

Name/	Relationship:	Phone
Addres	ss:	
Agree	ment, Release and Consent by Applicant	
possibl	dersigned applicant for employment, in return for K e employee, agrees and consents that Kanza and its or after employment to:	
1.	Obtain receipt of satisfactory references and investing not limited to, contact prior employers, schools, perinformation from law enforcement officials concertactivity.	rsonal references and obtaining
2.	I understand that this application for employment s position which I am applying. I also understand the will be returned with instructions regarding Kanza'	at unsolicited applications and resumes
3.	I authorize all persons who have information releva or its agents and I release all persons from liability	ant to the above to disclose it to Kanza
4.	I understand and agree that this employment applicate not contracts of employment and that any individual employment upon proper notice and may be any reason, with or without cause. I further understatements to the contrary are hereby expressly discussed by any prospective employee. I also acknowledge	idual who is hired may voluntarily terminated the Kanza at any time, for tand that any oral or written avowed and should not be relied upon that any false statements in this
5.	application or other documents signed by myself w I affirm that the information given on this applicati my knowledge. I understand that deliberate false s be considered grounds for rejection of my applicati immediate dismissal if employed.	on is true and complete to the best of tatements or misrepresentations could

Signature of Applicant: ______Date: _____