



Managed Mental Health Care Organization for Coos, Curry, Jackson, Josephine, and Klamath Counties  
550 NE E Street, Grants Pass, Oregon 97526 • Phone: 541-955-9565 • Fax: 541-955-8290 • www.jbh.org

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## AN EQUAL OPPORTUNITY EMPLOYER

Dear Applicant:

We appreciate your interest in our organization. Our goal is to make the best hiring decisions possible and to effectively match people and positions. A clear understanding of your background and work history will help us make an informed decision regarding your qualifications for the position for which you are applying. Please take time to answer every question completely and accurately. This form will remain in your file if you are employed.

It is the policy of Jefferson Behavioral Health (JBH) to afford equal opportunities to all applicants and employees regardless of race, color, religion, sex, sexual orientation, national origin, age, non-disqualifying disability or veteran status.

In addition to this application, the employment process may include any or all of the following procedures:

1. Multiple Interviews
2. Thorough background checks (including fingerprinting)
3. Drug screening test
4. Verification of current T.B. test results
5. Verification of minimum Oregon automotive insurance coverage
6. Verification of valid Drivers License

Please note that these procedures may or may not occur in the order listed above and that all procedures are not used for all positions. Your signature below indicates that you have read and understand the above information. Please sign before completing this application.

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Applicant Signature

Print Full Legal Name

Date

# EMPLOYMENT APPLICATION

*Please Print*

|                         |                     |
|-------------------------|---------------------|
| Position(s) Applied for | Date of Application |
|-------------------------|---------------------|

|                  |                 |                        |                |
|------------------|-----------------|------------------------|----------------|
| Last Name        | First Name      | Middle Name            | Preferred Name |
| Address          | City            | State                  | Zip Code       |
| Telephone Number | Alternate Phone | Social Security Number |                |
| Email Address    |                 |                        |                |

**How did you learn about a position at Jefferson Behavioral Health (mark one)?**

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Newspaper Ad _____ | <input type="checkbox"/> Oregon Employment Department | <input type="checkbox"/> Employment Agency |
| <input type="checkbox"/> JBH Website        | <input type="checkbox"/> JBH Employee                 | <input type="checkbox"/> Other _____       |

Employment Status Desired:  Full-Time                       Summer or Temporary                       Part-Time

If part-time, what hours do you desire? \_\_\_\_\_ If offered a position, when could you start? \_\_\_\_\_

What times or shifts would you not be willing to work? \_\_\_\_\_

If you are not a U.S. citizen, please give U.S. visa status. Type \_\_\_\_\_

**(WITHOUT EXCEPTION, ALL APPLICANTS WILL BE REQUIRED TO COMPLETE A EMPLOYMENT ELIGIBILITY VERIFICATION FORM I-9)**

## DRIVING HISTORY

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

Do you have a valid driver's license? \_\_\_\_\_ Driver's license number \_\_\_\_\_ State \_\_\_\_\_

Currently Policy Holder for Automobile Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

Has your license ever been revoked or suspended? \_\_\_\_\_ If yes, give date(s), location(s) and reason(s) \_\_\_\_\_

## EDUCATIONAL HISTORY

| Type of School              | Name and Location of School<br>(give City and State) | Dates Attended<br>(From - To) | Did you Graduate? | Cert./Degree Received | Major Subject or Course Of Study |
|-----------------------------|--|-------------------------------|-------------------|-----------------------|----------------------------------|
| High School                 | _____  | _____                         | _____             | _____                 | _____                            |
| Jr. College/<br>Tech School | _____  | _____                         | _____             | _____                 | _____                            |
| College or<br>University    | _____  | _____                         | _____             | _____                 | _____                            |
| Graduate<br>School          | _____  | _____                         | _____             | _____                 | _____                            |
| Other                       | _____  | _____                         | _____             | _____                 | _____                            |

Please list any special skills or training you have that are related to the job for which you are applying. \_\_\_\_\_

Please indicate any professional certificates or licenses: \_\_\_\_\_

## EMPLOYMENT RECORD

**REQUIRED – PLEASE FILL OUT COMPLETELY**

Beginning with most current employer, please list all past employment and account for any periods between jobs. Copy blank form and attach additional sheet, if necessary.

May we contact the employers listed below?     Yes                       No

Indicate any other name you are known by to schools or employers: \_\_\_\_\_

|                     |                       |       |                             |
|---------------------|-----------------------|-------|-----------------------------|
| <b>1. Employer</b>  | <b>Dates Employed</b> |       | <b>Describe Your Duties</b> |
|                     | From                  | To    |                             |
| Address             |                       |       |                             |
| Telephone Number(s) | Base Pay              |       |                             |
|                     | Start                 | Final |                             |
| Job Title:          |                       |       |                             |
| Supervisor:         |                       |       |                             |
| Reason for Leaving  |                       |       |                             |
| <b>2. Employer</b>  | <b>Dates Employed</b> |       | <b>Describe Your Duties</b> |
|                     | From                  | To    |                             |
| Address             |                       |       |                             |
| Telephone Number(s) | Base Pay              |       |                             |
|                     | Start                 | Final |                             |
| Job Title:          |                       |       |                             |
| Supervisor:         |                       |       |                             |
| Reason for Leaving  |                       |       |                             |
| <b>3. Employer</b>  | <b>Dates Employed</b> |       | <b>Describe Your Duties</b> |
|                     | From                  | To    |                             |
| Address             |                       |       |                             |
| Telephone Number(s) | Base Pay              |       |                             |
|                     | Start                 | Final |                             |
| Job Title:          |                       |       |                             |
| Supervisor:         |                       |       |                             |
| Reason for Leaving  |                       |       |                             |
| <b>4. Employer</b>  | <b>Dates Employed</b> |       | <b>Describe Your Duties</b> |
|                     | From                  | To    |                             |
| Address             |                       |       |                             |
| Telephone Number(s) | Base Pay              |       |                             |
|                     | Start                 | Final |                             |
| Job Title:          |                       |       |                             |
| Supervisor:         |                       |       |                             |
| Reason for Leaving  |                       |       |                             |

**PERSONAL OR BUSINESS REFERENCES**

Please list three individuals whom are familiar with your work or educational background.

\_\_\_\_\_  
Name Phone Relationship to Applicant

\_\_\_\_\_  
Name Phone Relationship to Applicant

\_\_\_\_\_  
Name Phone Relationship to Applicant

**OTHER**

Have you ever worked for JBH? Yes  No  If yes, please indicate the position title and dates of employment. \_\_\_\_\_

Have you ever applied for a position with JBH? Yes  No  If yes, please indicate the position title and when you applied. \_\_\_\_\_

Do you have any relatives currently employed by JBH? Yes  No   
If yes, please list their name(s), their relationship with you and their position(s). \_\_\_\_\_

Will you be engaged in any other business or employment if employed by the Company?  
Yes  No  If yes, please explain. \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? (A conviction will not automatically disqualify you for a job.)  
Yes  No  If yes, please explain fully including the nature of the offense, date of conviction and completion of any sentence. (Use additional sheet if necessary.) \_\_\_\_\_

I certify that the facts set forth in my application for employment are true and complete. I understand that if employed, false or incomplete statements or any misleading or incorrect information given on this application shall be considered sufficient cause for dismissal. I authorize the Company to contact any of my previous employers, as well as any other credit or reference source in order to verify facts and information that I have furnished regarding my qualifications. I hereby release from liability all persons and organizations furnishing references or other information.

I understand that the completion of this application is not to be construed as an express or implied contract of employment or guarantee leading to employment. Furthermore, my term of employment, if hired, shall be for no definite period.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## AFFIRMATIVE ACTION DATA RECORD (Voluntary)

Applicants are considered for jobs and employees are treated during their employment with the Company without regard to race, color, religion, sex, sexual orientation, national origin, age, non-disqualifying disability or status as a disabled or Vietnam era veteran. The Company has and is committed to a continuing Equal Employment Opportunity and Affirmative Action Program designed to employ and advance qualified people with disabilities, disabled and Vietnam era veterans, people of color, people of all religions and both sexes.

As an equal opportunity employer, we comply with government regulations, federal, state and local laws and affirmative action responsibilities. In order to ensure that our recruitment efforts are reaching all areas of the community and to comply with government record keeping and reporting requirements, we ask you to help us by filling out this Affirmative Action Data Record and we appreciate your cooperation if you choose to do so. However, submission of this information is strictly voluntary and you are not required to complete this section of the application. If you decide not to provide this information, you will not be subjected to any adverse treatment and your application will be given the same consideration as all other applications. When applications are first processed, this page is removed immediately and kept in a confidential file separate from the rest of the application.

Check one:

- White
- Black
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaskan Native
- Other: \_\_\_\_\_

Check one:

- Male
- Female