



# EMPLOYMENT APPLICATION

## Behavior Health Medicine & Administrative Offices

88 3<sup>rd</sup> St. SE  
Huron, SD 57350  
605-352-8596

## Mental Health & Addiction

357 Kansas Ave SE  
Huron, SD 57350  
605-352-8596  
Fax: 605-352-7001

914 NE Third  
Madison, SD 57042  
605-256-9656  
Fax: 605-256-2891

## Bradfield Leary Center/ IMPACT Program

317 Iowa Ave SE  
Huron, SD 57350  
605-352-7072  
Fax: 605-352-7075

[www.ccs-sd.org](http://www.ccs-sd.org)

### WE ARE AN EQUAL OPPORTUNITY EMPLOYER

*Community Counseling Services does not discriminate because of race, color, creed, age, sex, marital status, religion, disability, national origin, or veteran's status. If you have any questions or need further assistance please contact Community Counseling Services at (605) 352-8596*

Please fill out the application completely and **print** clearly. **An incomplete application may not be accepted.** This application will be kept on file for a period of one year.

### APPLICANT DATA:

First Name

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Email Address: \_\_\_\_\_

Primary Phone: ( ) \_\_\_\_\_ Secondary Phone: ( ) \_\_\_\_\_

Are you at least 16 years old?  Yes  No Are you a citizen of the U.S. or otherwise lawfully authorized to work in the U.S.?  Yes  No

Have you ever been convicted of a felony? Convictions do not automatically disqualify an applicant from employment. The type and seriousness of the crime, the frequency of violations, the applicant's age at the time of the conviction, and the date of conviction or time elapsed since the conviction or completion of any jail sentence will be taken into consideration in addition to other job-related criteria.  Yes  No

### POSITION/JOB INFORMATION:

Last Name

Position(s) Desired: \_\_\_\_\_

Full Time  Part Time  On Call

Date Available: \_\_\_\_\_ Expected Rate of Pay: \$ \_\_\_\_\_

Shift Choices:  Day  Evening  Night  Weekend Are you willing to rotate shifts:  Yes  No

How did you hear about this position:  School  Bulletin Board  Agency  Walk-in  Newspaper: \_\_\_\_\_

Web Site: \_\_\_\_\_  Referral, if so, who: \_\_\_\_\_  Other: \_\_\_\_\_

Name and relationship of any relative in our employ: ( If none, write "None") \_\_\_\_\_

Have you been previously employed by Community Counseling Services:  Yes  No

If so, Position: \_\_\_\_\_ Dates: \_\_\_\_\_

May your application be released to local Clinics and other Health Care Facilities provided they have any openings in your area of interest:  
 Yes  No

## EDUCATION/SKILLS DATA:

Do you possess a high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last grade completed <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
COLLEGE OR UNIVERSITY AND ADDRESS	GENERAL STUDIES	DID YOU GRADUATE?	DEGREE OR NUMBER OF CREDITS EARNED

List all relevant professional licenses, registrations, or certifications you possess: \_\_\_\_\_

Profession or trade name: \_\_\_\_\_

Professional License/Permit/Certification Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

## LEGAL COMPLIANCE:

Have you ever been excluded from participation in the Medicare program?  Yes  No If "Yes", what was the date? \_\_\_\_\_

If "Yes", explain: \_\_\_\_\_

## PROFESSIONAL REFERENCES: (Please Do Not Include Relatives)

NAME AND COMPLETE ADDRESS	BUSINESS OR AFFILIATION	TELEPHONE NO.	YEARS KNOWN
1. _____ _____ _____		(    )	
2. _____ _____ _____		(    )	
3. _____ _____ _____		(    )	

**EMPLOYMENT HISTORY: (Also include any relevant volunteer experience)**

<b>Present or Last Employer:</b>		Date (Mo./Yr): From: _____ To: _____
Address:		Total Time Employed:
City: _____	State: _____	Zip Code: _____
Salary:		\$ _____
Phone: _____ ( _____ )	Job Title: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hrs./Week _____ <input type="checkbox"/> Temporary <input type="checkbox"/> On Call
Supervisor's Name and Title:		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Detailed description of Duties:		Reason for Leaving:
<b>Second Previous Employer:</b>		Date (Mo./Yr): From: _____ To: _____
Address:		Total Time Employed:
City: _____	State: _____	Zip Code: _____
Salary:		\$ _____
Phone: _____ ( _____ )	Job Title: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hrs./Week _____ <input type="checkbox"/> Temporary <input type="checkbox"/> On Call
Supervisor's Name and Title:		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Detailed description of Duties:		Reason for Leaving:
<b>Third Previous Employer:</b>		Date (Mo./Yr): From: _____ To: _____
Address:		Total Time Employed:
City: _____	State: _____	Zip Code: _____
Salary:		\$ _____
Phone: _____ ( _____ )	Job Title: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hrs./Week _____ <input type="checkbox"/> Temporary <input type="checkbox"/> On Call
Supervisor's Name and Title:		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Detailed description of Duties:		Reason for Leaving:

# APPLICANT CERTIFICATION/RELEASE OF INFORMATION

(Please Read Carefully)

I hereby certify that all the information provided by me in this application (or any accompanying documents) is correct, accurate and complete to the best of my knowledge. I understand that falsification and/or misrepresentation will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I hereby authorize CCS to investigate my statements and conduct a background investigation if deemed necessary. All employers, educational institutions, law enforcement agencies, state and federal courts, and references listed are hereby authorized to give CCS any and all information regarding my employment, background, or character. CCS and all employers, educational institutions, law enforcement agencies, state and federal courts, and references are hereby released from any and all liability which may result from furnishing or using such information.

In consideration for employment with CCS, if employed, I agree to conform to the rules, regulations, policies and procedures of CCS at all times and understand that such obedience is a condition of employment. I understand that if offered a position with CCS, I will be required to submit to a pre-employment health assessment and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of the pre-employment assessment and/or background check will result in a withdrawal of any employment offer or termination of employment if already employed.

The use of this application does not indicate there are positions open and does not in any way obligate CCS. Additionally, this application should not be considered as an employment agreement. Any decisions regarding length of employment, interpretation, or application of policies or procedures by CCS will be final and binding on all parties concerned. I further agree that my employment and compensation can be terminated at will, with or without cause and with or without notice, at anytime either at my option or at the option of CCS.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## PLEASE DO NOT WRITE BELOW THIS LINE

Date of Interview: \_\_\_\_\_

Discussed: Job Hours \_\_\_\_\_ Rotate Shifts:  Yes  No

FT  PT  Other: \_\_\_\_\_ Hours per pay period: \_\_\_\_\_

Starting Date & Time: \_\_\_\_\_ Starting Salary: \_\_\_\_\_

Overtime:  Exempt  Non-Exempt

Hired by: \_\_\_\_\_ Dept.: \_\_\_\_\_

Replacement for: \_\_\_\_\_ Budgeted:  Yes  No

References and Background Checked: \_\_\_\_\_