

# **RED ROCK Behavioral Health Services**

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Dear Applicant:

Thank you for the resume you submitted in application for possible positions at Red Rock Behavioral Health Services. Please fill out the attached application. It must be completed and returned to Human Resources before an interview can take place.

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please print. Incomplete or illegible applications will not be processed. Answer all appropriate questions completely and accurately. If complete information is included on your resume, indicate by noting "see resume". All qualified applicants will receive consideration without discrimination because of sex, race, age, creed, national origin or the presence of disabilities.

At Red Rock we constantly strive to be flexible in order to respond to client needs as well as to outside political and financial realities. At times, meeting agency goals may require that you work nights, on weekends and/or in settings or programs other than the one for which you were originally hired. We are a dynamic agency, constantly evolving. The benefit to you is a challenging atmosphere where creativity is encouraged and responsibility and autonomy are respected.

Promotion from initial hire status to full employment status at the end of one's first six months of employment and other promotions, raises or rewards are not automatic or based on longevity, but instead are related to qualitative and quantitative performance.

Please sign below and return this letter with the completed application.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date signed**

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## **EMPLOYMENT VERIFICATION AUTHORIZATION**

Applicant: \_\_\_\_\_  
(please print your name)

\_\_\_\_\_  
Social Security number

I have applied for the position of \_\_\_\_\_ at Red Rock Behavioral Health Services and hereby grant Red Rock permission to verify the dates I was employed, my job title and to solicit and secure other information which may be required to determine my suitability for employment. I further authorize present and past employers to release to Red Rock such information as may be requested for the purpose of evaluating me for possible employment. I do hereby release the reference and all individuals connected therewith, including Red Rock, from all liability for any damage incurred in furnishing such information. A copy of my authorization bearing my correct signature has the same force and effect as the original.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date signed**



Give full and accurate data regarding your academic or training career.

School or Institute	City/State	Area of Study	Degree/Certificate/ License	Date	
				From	To
High School					
College or Univ.					
College or Univ.					
College or Univ.					
Vocational					
Certificate					
Licensure					

Your application will not be considered unless this section is complete. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. List your last position first.

May we contact your present employer?  Yes  No

Employer's Name Address & Telephone	Supervisor	Job Title and Duties	Dates		Wage/Salary	Reason for Leaving
			From	To		
1.						
2.						
3.						
4.						

How were you referred to Red Rock for employment?

- Job Line                     
 Submitted unsolicited resume                     
 Employment Office
- Newspaper (name): \_\_\_\_\_
- Job Fair (specify): \_\_\_\_\_
- Referred by Outside Source (name): \_\_\_\_\_
- University (name): \_\_\_\_\_
- Employee Referral (name): \_\_\_\_\_
- Referred from professional organization (name): \_\_\_\_\_
- Out of state advertising (name): \_\_\_\_\_ (location) \_\_\_\_\_
- Other (explain): \_\_\_\_\_



## SECURITY CHECK DATA FORM

**Instructions:** Submit completed form to Human Resources with completed application. This background information must be cleared prior to a possible job offer.

Name (including middle initial): \_\_\_\_\_

Maiden Name (if any): \_\_\_\_\_

State of Residence: \_\_\_\_\_

Prior County & State of Residence (if any): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Sex and Race: \_\_\_\_\_

RU / Distribution Table Number: \_\_\_\_\_

# Voluntary Affirmative Action Information

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Applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or other protected characteristic.

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites applicants to voluntarily participate in this data survey. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. It is considered confidential information that will not be used in any hiring decision. Your cooperation is appreciated.

Position Applied For: \_\_\_\_\_ Date Applied: \_\_\_\_\_

## Gender Identification

- Female  Male

## National Origin

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.
- Decline self-identification

## Veterans Status

- Non-Veteran
- Veteran
- Vietnam-Era Veteran
- Disabled Veteran

## Disability Status

- Disabled
- Non-Disabled