

Elizabeth Layton Center, Inc.  
204 East 15th Street  
Ottawa, Kansas 66067-3903  
Telephone: (785) 242- 3780

**PRE-Employment Application  
Professional Position**

Please furnish all information requested on this application; do not refer to other sources.

Date of Filing Application: \_\_\_\_\_ Date When Available: \_\_\_\_\_

Name: \_\_\_\_\_  
Last Name First Name Middle Name

Present Address: \_\_\_\_\_  
Street City State Zip Code (\_\_\_\_) Telephone Number

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

Position Desired: \_\_\_\_\_

**EDUCATIONAL AND PROFESSIONAL TRAINING**

School or Institution	Degree	Date Received	Dates Attended

Describe any fieldwork or practicum associated with your academic training.

---

---

List current license, certification, or registration (Note number and expiration date):

---

---

Have you ever had a professional license, certification, or registration suspended or revoked?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain circumstances: \_\_\_\_\_

---



---



---



---



---



---



---

**EXPERIENCE RELEVANT TO POSITION SOUGHT**

Name of Firm and Location	Type of Work	Salary Hour/Month/ or Annual	Dates Month/Year to Month/Year

**OTHER WORK EXPERIENCE**

Name of Firm and Location	Type of Work	Salary Hour/Month/ or Annual	Dates Month/Year to Month/Year

**REFERENCES**

Name	Official Position	Complete Address	Telephone
1.			
2.			
3.			
4.			

How did you learn of the position you are applying for? \_\_\_\_\_

Other than minor traffic offenses for speeding, parking violations, etc., have you ever been convicted of any criminal offense? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Conviction of a crime is not an automatic bar to employment. ELC will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.**

Why do you desire to leave your present position, or why did you leave your last position?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been involuntarily terminated from employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please give dates and reasons for the termination: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the space provided below, in your own handwriting, please write a paragraph or paragraphs stating your reason(s) for seeking employment in the mental health field.



