

Central Kansas Mental Health Center

809 Elmhurst Blvd, Salina, KS 67401

Deanna Ryals

Coordinator of Crisis Youth Center &

Attendant Care Program

dryals@ckmhc.org



Phone: 785-823-6322 or 800-794-8281

After Hours Crisis: 785-823-6324 or 866-823-6380

Fax: 785-823-3109

MARTIN YOUTH CENTER

785-823-6322

Age 10-17

Behavior Stabilization

- Up to 72 hours in our Crisis House
- 1/1 Staff member per youth available
- Focus on stabilizing behavior/problem resolution

Age 6 -17

Suspension Program

- Drop off during school hours
- Behavior Stabilization
- Assistance with school assignments



Coordinator of Martin Youth Center, Deanna Ryals

809 Elmhurst | Salina, KS 67401 | 785-823-6322 | www.ckmhc.org

Emergency number 785-823-6324 or 866-823-6380



APPLICATION FOR EMPLOYMENT

Central Kansas Mental Health Center

809 Elmhurst Blvd., Salina, KS 67401

PERSONAL INFORMATION Please PRINT legibly.

Date: _____

Name: First _____ MI _____ Last _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ E-mail: _____

Are you 18 years or older? Yes _____ No _____

Are you either a U.S. citizen or an alien authorized to work in the United States? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____ If yes, explain: _____

EMPLOYMENT DESIRED

Position applying for _____ When could you begin employment? _____

Have you ever applied to this company? Yes _____ No _____ When? _____

EDUCATION	Name & Location of School	No. of Years attended	Did you graduate?	Subjects Studied
High School				
College				
College				

GENERAL

Subjects of special study or research work: _____

Special Skills: _____

FORMER EMPLOYERS List below the last three employers, starting with the most recent.

Date Month & Year	Name, Address & Telephone Number of Employer	Salary	Position	Reason for Leaving
From:				
To:				May we contact?
From:				
To:				May we contact?
From:				
To:				May we contact?

Central Kansas Mental Health Center is an Equal Opportunity Employer



REFERENCES

Give the names of the three persons, not related to you, who would be familiar with your work. E-mail is preferred.

First & Last Name	Email/Phone #/Address	Business	Position	Years Acquainted

Do you know someone who works for Central Kansas Mental Health Center? Yes ___ No ___

If so, who? _____ Relation to you? _____

How did you hear about us? _____

APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the Executive Director of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers and in interviews. I understand a background check including my criminal history, adult/child abuse history and/or driving record may be done. I authorize all individuals, schools, and firms therein unless noted otherwise, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Applicants Signature: _____ Date: _____

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