



An Equal Opportunity / Affirmative Action Employer

APPLICATION FOR EMPLOYMENT

Application must be filled out in its entirety to be considered.

POSITION APPLIED FOR _____

Date you can start _____ Hourly Rate / Salary desired _____

PERSONAL INFORMATION *Incomplete information could disqualify you from further consideration*

Name _____ Date _____

Address _____

Email Address _____

Home Phone # _____ Mobile Phone # _____

Are you eligible to work in the U.S? Yes No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work) Yes No

Have you ever been convicted of a crime, including sexual related offenses? Yes No

A conviction will not necessarily automatically disqualify you from employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.

If yes, please provide details (dates and location for all convictions): _____

Have you ever been terminated from employment or asked to resign by an employer? Yes No

If yes, please provide company names and details: _____

What shifts are you available to work? Full Time Part Time

Can you work overtime, including weekends? Yes No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

Are you currently employed? Yes No If yes, may we inquire of your present employer? Yes No

REFERAL SOURCE

How did you hear about us? Newspaper Ad Website Online Job Service

Employment Agency Employee Other _____

Have you ever worked for the Mental Health Center before? Yes No

If yes, please explain _____

Do you know anyone who works for the Mental Health Center? Yes No If yes, who? _____

Education	Name and Location of School	# of yrs attended	Degree Received	Subjects Studied / Major
College or University				
High School				
Trade, Business or Correspondence School				

Do you have any current professional licenses? Yes No

State _____ License No. _____ Expiration Date _____

Do you have any special skills, foreign languages, sign language, experience and/or training that would enhance your ability to perform the position applied for? If yes, please explain: _____

Have you ever had any job related training in the United States military? Yes No

If yes, please describe _____

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Phone #
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Hourly Rate/Salary		Reason for leaving	

From	To	Employer Name	Phone #
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Hourly Rate/Salary		Reason for leaving	

From	To	Employer Name	Phone #
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Hourly Rate/Salary		Reason for leaving	

From	To	Employer Name	Phone #
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Hourly Rate/Salary		Reason for leaving	

PROFESSIONAL REFERENCES Give the names of three (3) previous supervisors or co-workers

Name	Address, Phone, Email	Company	Years Acquainted

Please read carefully before signing.

The Mental Health Center is an equal opportunity employer. The Mental Health Center does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for The Mental Health Center to hire me. I understand that no representative of The Mental Health Center has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to The Mental Health Center true and complete information on this application. No requested information has been concealed. I authorize The Mental Health Center to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____

Signature _____

THIS APPLICATION IS VALID FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE