

GOGEBIC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

APPLICATION FOR EMPLOYMENT

Gogebic County Community Mental Health Authority (GCCMHA) is an equal opportunity employer. GCCMHA does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment) sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

POSITION APPLIED FOR:			
PERSONAL INFORMATION Incomplete information could disqualify you from further consideration. Please complete all fields.			
Name (Last, first, middle, other names used under which employment, education, other information would be found)			
Address (Street, city, state, zip code)			
E mail address:			
Home Phone			Cell Phone
Specify any days or times you are not available for work:			
Can you work any shift? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:			
Can you work overtime, including weekends?			
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, you may be required to provide authorization to work.)			
Do you have a reliable form of transportation available to you to go to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been terminated from employment or asked to resign by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide company names and details:			
EMPLOYMENT DESIRED			
Date you can start:	Hourly Rate/Salary desired:	Position desired:	Are you are currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
REFERRAL SOURCE			
Have you ever been employed by Gogebic County Community Mental Health Services ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
Do you know anyone who works for our company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?			
How did you hear about us? Walk in Advertisement Referral Other:			

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YRS ATTENDED	DEGREE RECEIVED	SUBJECTS STUDIED/MAJOR
High School				
College or University				
Trade, Business, or Correspondence School				

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.*

Employer's Name		Dates (month and year): From To	
Address (Street, city, state, zip code)		Telephone ()	
Immediate supervisor and title		Your job title	
Summarize the nature of work performed and job responsibilities:			
Reason for leaving.			
Employer's Name		Dates (month and year): From To	
Address (Street, city, state, zip code)		Telephone ()	
Immediate supervisor and title		Your job title	
Summarize the nature of work performed and job responsibilities:			
Reason for leaving:			

Employer's Name		Dates (month and year): From To	
Address (Street, city, state, zip code)		Telephone ()	
Immediate supervisor and title		Your job title	
Summarize the nature of work performed and job responsibilities:			
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Employer's Name		Dates (month and year): From To	
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Immediate supervisor and title		Your job title	
Summarize the nature of work performed and job responsibilities:			
Reason for leaving.			
Employer's Name		Dates (month and year): From To	
Address (Street, city, state, zip code)		Telephone ()	
Immediate supervisor and title		Your job title	
Summarize the nature of work performed and job responsibilities:			
Reason for leaving.			
Do you have any special skills, experience and/or training that would enhance your ability to perform duties of the position applied for? If yes, explain:			

PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS

List all states in which you are or have been licensed or certified and any national certifications. Attach additional pages if necessary.

Have you ever had any professional license or certification placed under investigation, disciplined, suspended, revoked or put on probation? ____ Yes ____ No

Have you ever been denied a license or certification? ____ Yes ____ No

If you answered yes to above questions, explain in detail on an attached signed statement.

REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, E Mail	Company	Years Acquainted

PLEASE READ CAREFULLY BEFORE SIGNING.

I understand and authorize **Gogebic County Community Mental Health Services Authority** to conduct a conviction only criminal history file search, and that I may be required to submit to a physical and back screen examination, which may include a drug test, prior to beginning employment and that I must satisfactorily pass such examinations to obtain employment. I understand that all the inquiries on this application are subject to electronic verification and periodic reverification and authorize any schools that I have attended, licensing and certification boards and current and previous employers to provide, by electronic means (including facsimile transmission and electronic transmission of information over the internet) **Gogebic County Community Mental Health Authority**, with any requested information. I also specifically waive written notice from any and all former employers regarding their disclosure to **Gogebic County Community Mental Health Authority** of any prior disciplinary action and waive any claim against **Gogebic County Community Mental Health Authority** and current or former employers arising from such investigation or disclosure.

I further understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for **Gogebic County Community Mental Health Authority** to hire me. If I am hired, I understand that either **Gogebic County Community Mental Health Authority** or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of **Gogebic County Community Mental Health Authority** has the authority to make any assurance to the contrary.

I attest with my signature below that I have given true and complete information on this application. No requested information has been concealed. I authorize **Gogebic County Community Mental Health Authority** 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 the denial of employment or immediate dismissal.

(Signature of Applicant)

Date