

Application for Employment

COMMUNITY MENTAL HEALTH AUTHORITY

103 West US 2, Wakefield MI 49968

906-229-6100, Fax: 906-229-6190

The Community Mental Health Authority does not discriminate on the basis of race, color, religion, national origin, sex, age, height, weight, disability, or any other status protected by federal or state law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors. If you need assistance in completing this form because of disability, please let us know. Special accommodation for applications, in alternative formats, are available upon request.

Position for which you are applying:					Today's Date:				
Name (Last, first, middle, other names used under which employment, education, other information would be found)									
Address (Street, city, state, zip code)								How many years?	
Telephone:	<u>Home</u>	<u>Work</u>	<u>Cell</u>	<u>Message</u>	Social Security Number				
Previous address (Street, city, state, zip code)								How many years?	
Specify any days or times you are not available for work:					What shift(s) are you willing to work?				
Salary Expectation:					Date Available for Work:			Employment Status:	
\$ _____ Per _____								<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Have you ever been employed by Community Mental Health? { Yes { No					Date Started			Date Left	
In what Department?		In what position?		Reason for Leaving					
Are you a U.S. Citizen? { Yes { No									
If you are not a U.S. citizen, do you have a legal right to remain permanently in the United States: { Yes { No									
If employed, can you submit verification of your legal right to remain in the U.S.? { Yes { No									
What Prompted your Application?									
Do you have a reliable form of transportation available to you to go to and from work? { Yes { No									

MILITARY SERVICE

Service	Branch	Dates of Service	
		From	To
Were you honorably discharged? { Yes { No	Reserve status		
Describe any specialized training and duties:			

EMPLOYMENT HISTORY - List your last four employers, or all employers for the last ten years, whichever is greater. Attach additional signed sheets if necessary. Also list and explain any period(s) of unemployment. Please answer all inquiries. "See Resume" is not acceptable.

Current Employer's Name		Dates (month and year): From To	
Address (Street, city, state, zip code)		Telephone	
Supervisor (Name & title)	Your title		Salary
Duties & responsibilities			
Reason for leaving			
Former Employer's Name		Dates (month and year): From To	
Address (Street, city, state, zip code)		Telephone	
Supervisor (Name & title)	Your title		Salary
Duties & responsibilities			
Reason for leaving			
Former Employer's Name		Dates (month and year): From To	
Address (Street, city, state, zip code)		Telephone	
Supervisor (Name & title)	Your title		Salary
Duties & responsibilities			
Reason for leaving			
Former Employer's Name		Dates (month and year): From To	
Address (Street, city, state, zip code)		Telephone	
Supervisor (Name & title)	Your title		Salary
Duties & responsibilities			
Reason for leaving			
Former Employer's Name		Dates (month and year): From To	
Address (Street, city, state, zip code)		Telephone	
Supervisor (Name & title)	Your title		Salary
Duties & responsibilities			
Reason for leaving			

Please initial these boxes after answering the following questions.

{ Yes { No		Are you currently on "layoff" status and subject to recall?
{ Yes { No		Have you ever been discharged by an employer or resigned in lieu of discharge?
{ Yes { No		Have you ever been disciplined (other than discharged) by an employer?
		If you answered yes to either of the two previous questions explain all such incidents, giving facts, dates, describing any action you took and any resolution, on an attached signed sheet.
		How much time have you missed from work in the past twelve months?
{ Yes { No		Do you have a valid driver's license? State: # : Exp. Date:
{ Yes { No		Have you ever been bonded? If yes, with whom?:
{ Yes { No		Do you have any felony charges pending against you?
{ Yes { No		Have you ever been convicted, pled guilty, or pled no contest to a felony?
		If you answered yes to either of the two proceeding questions explain by giving the date, nature of the offense and circumstances in an attached, signed statement. Conviction of a crime will not necessarily disqualify an applicant from employment.
{ Yes { No		Are you 18 years of age or older?
{ Yes { No		Are you capable of performing with or without reasonable accommodation (special assistance, equipment or other help), the activities involved in the job or occupation for which you have applied?

Professional/Work References:
(Name, Address, Telephone Number)

1. _____

2. _____

3. _____

Personal References not related to you:
(Name, Address, Telephone Number)

1. _____

2. _____

3. _____

EDUCATION

Instruction/Question:	High School	College/Business/Voc School	Post Grad College/University
Please enter School Name and Address in the space provided at the right.			
Did you graduate? (If not, number of credit hours completed.)	{ Yes { No If no, Credit Hrs: _____	{ Yes { No If no, Credit Hrs: _____	{ Yes { No If no, Credit Hrs: _____
With what Degree/Certificate did you graduate?			
Please List your Major/Minor			
Extracurricular activities & honors received in school:			

PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS

List all states in which you are 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 { Please Initial here

Have you ever been denied a license or certification? { Yes { No { Please Initial here

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

CERTIFICATION

Please SIGN these boxes next to the following questions. Your signature represents agreement with statement. CMHA means Community Mental Health Authority.	Signature
I understand that I may be required to submit to a physical examination/Back Screen.	
I understand that a drug and/or alcohol test may be required.	
I understand that I must satisfactorily pass all examinations to obtain employment.	
I authorize the CMHA to conduct a conviction only criminal history file search.	
I authorize the CMHA to conduct a driver's license check.	
I authorize the CMHA to conduct a Medicare/Medicaid Sanction check.	
I understand that all the inquiries on this application are subject to electronic verification and periodic re-verification.	
I understand that any misrepresentation of the information I have supplied or failed to supply can result in a rejection of this application or, if I have been hired, immediate dismissal at the sole discretion of the CMHA.	
I understand and agree that if I am hired, unless I am covered by a written agreement to the contrary, signed by me or on my behalf by my authorized representative, that my employment may be terminated, either by me or by the CMHA, at any time, with or without notice and without cause.	
I authorize any schools that I have attended, licensing and certification boards and current and previous employers to provide, to the CMHA, with any requested information.	
I specifically waive written notice from any and all former employers regarding their disclosure to the CMHA of any prior disciplinary action and waive any claim against the CMHA and current or former employers arising from such investigation or disclosure.	
I have read and fully understand the questions on this application for employment.	
I have completely, truthfully, and accurately answered each and every question to the best of my knowledge.	

Signature of Applicant

Date



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AUTHORIZATION FOR REFERENCE REQUESTS

I have applied with the Community Mental Health Authority for employment and I desire that they be fully advised of my record with my former employers and the schools I have attended. I, therefore, give my permission and request that former employers and schools attended furnish any and all requested information and records to the Community Mental Health Authority on their request for references in regard to the position for which I have applied. In addition, I hereby release all involved parties from any and all liability of damages for requesting or providing the reference information.

Signature

Date

Name-Printed