

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status

(All sections must be completed. Please print clearly in ink)

PERSONAL DATA			
Name (Last, First, Middle)		Previous Name (if different)	
Street Address		Home Telephone No.	
City, State, Zip Code		Have you ever worked for the Mental Health Center before? <input type="checkbox"/> yes <input type="checkbox"/> no	
Desired Position		Are you interested in <input type="checkbox"/> full time <input type="checkbox"/> part time	
How did you hear about this position? Who referred you?			
EMPLOYMENT HISTORY (please list most recent employer first. Use additional sheets as necessary.)			
1. From (mo./yr.)	Thru (mo./yr.)	Company Name	Supervisor
Address			Telephone No. (Include Area Code)
Department/Position/Duties			
Final Wage		Reason for Leaving	
May we contact you at your place of employment? <input type="checkbox"/> yes <input type="checkbox"/> no		May we contact your present employer? <input type="checkbox"/> yes <input type="checkbox"/> no	
2. From (mo./yr.)	Thru (mo./yr.)	Company Name	Supervisor
Address			Telephone No. (Include Area Code)
Department/Position/Duties			
Final Wage		Reason for Leaving	
3. From (mo./yr.)	Thru (mo./yr.)	Company Name	Supervisor
Address			Telephone No. (Include Area Code)
Department/Position/Duties			
Final Wage		Reason for Leaving	
4. From (mo./yr.)	Thru (mo./yr.)	Company Name	Supervisor
Address			Telephone No. (Include Area Code)
Department/Position/Duties			
Final Wage		Reason for Leaving	
EDUCATION			
Highest Grade Completed	School/College/City/State		
Diploma/Degree	Major Area of Study		
Specialized Training Relevant to the Desired Position			

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PROFESSIONAL LICENSE(S), REGISTRATION(S) OR CERTIFICATION(S)					
1.	Number	<input type="checkbox"/> license <input type="checkbox"/> registration <input type="checkbox"/> certification	Issued By		
2.	Number	<input type="checkbox"/> license <input type="checkbox"/> registration <input type="checkbox"/> certification	Issued By		
3.	Number	<input type="checkbox"/> license <input type="checkbox"/> registration <input type="checkbox"/> certification	Issued By		
4. Has your license/certification to practice or prescribe in any State ever been denied, suspended, revoked or limited, either voluntarily or involuntarily? <input type="checkbox"/> yes <input type="checkbox"/> no					
5. Is any disciplinary action, investigation, or malpractice suit currently pending against you by any State Licensing Board, Licensing Agency or other organization(s)? <input type="checkbox"/> yes <input type="checkbox"/> no					
6. Have you ever relinquished your license/certification or withdrawn your application before a decision was made by any State Licensing Board or Licensing Agency? <input type="checkbox"/> yes <input type="checkbox"/> no					
If you answer YES to any of the above questions, please explain on a separate sheet of paper, including the following information: name of the facility or institution and date action was taken and circumstances.					
Other type of Credential, Please Specify (Use additional sheets, if necessary)					
OTHER INFORMATION					
Do you have a current driver's license? (If required for the job.) <input type="checkbox"/> yes <input type="checkbox"/> no		State of Issue	License No.		
Have you ever been convicted of a criminal offense, other than a traffic violation, that has not been annulled by the court? <input type="checkbox"/> Yes <input type="checkbox"/> no (Such a conviction may be relevant if job related, but does not necessarily bar you from employment.) If Yes, Please Explain (Use additional sheets, if necessary)					
PROFESSIONAL / BUSINESS REFERENCES (please provide a minimum of 3 references)					
Name	Company	Title	Telephone No.	Relationship	Supervisor Only – Reference Contacted?
					<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no

READ CAREFULLY BEFORE SIGNING

- I certify that the statements contained on this application are true. I understand that false or misleading statements on this or any other application materials are grounds for immediate dismissal.
- I authorize The Mental Health Center of Greater Manchester, its staff and representatives, to consult with administrators and members of other facilities or institutions with which I have been associated and to inspect all records and documents that may be material to an evaluation of my professional qualifications and credentials for appointment to the professional staff of The Mental Health Center and I consent to the release of any relevant information and records. I hereby release from liability all representatives of The Mental Health Center for their acts performed in good faith and without malice in connection with the review and processing of my application and I release from liability any and all individuals and organizations who, in good faith and without malice, provide information to The Mental Health Center concerning my professional competence, ethics, character and other qualification for appointment.
- I understand that if offered a position, I will be required to have a pre-placement occupational examination to determine my ability to perform the essential functions of the position, authorize a check of criminal conviction records, a Staff Sanctions (MEDICARE Fraud) check, and submit employment eligibility proof required by the Immigration and Naturalization Service.
- I also understand and agree that if I am employed by The Mental Health Center of Greater Manchester, my employment is terminable at will, with or without notice or cause by either party, notwithstanding any oral or written statements by The Mental Health Center prior to, at, or following my date of employment unless set out in writing, dated and executed by both parties.
- If hired, I agree to be bound by all policies, rules and regulations of The Mental Health Center of Greater Manchester.
- I understand that only Human Resources is authorized to act as an agent of The Mental Health Center of Greater Manchester with respect to terms, conditions and offers of employment.

Signature _____

Date _____