



CRAWFORD COUNTY MENTAL HEALTH CENTER

Mgr & Office Use Only			
Bldg	_____	Emp Date	_____
Job Title	_____	Rate	_____
FT ___ PT ___	Mgr's Signature	_____	_____

Employment Application

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, religion, sexual orientation or disability. If you believe any questions on this application to be in violation of your civil rights, please do not answer. If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

Name _____ Today's Date _____

Current Mailing Address _____
City State Zip

If Different Include Street Address _____

Prior Address _____

Phone & Email _____ Are you 18 years of age or older? ___ Yes ___ No

Employment Desired

Interested in ___ Full-time ___ Part-time ___ Other

Name of Position Desired _____ Wages Desired _____ Date you can Start Work _____

What hours are you available to work each day of the week

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM _____	_____	_____	_____	_____	_____	_____
PM _____	_____	_____	_____	_____	_____	_____

Have you been employed by our company? ___ Yes ___ No If yes, Date from _____ to _____

Education

	6	7	8	9	10	11	12	13	14	15	16	17	18	_____
	Please circle highest grade completed or Enter above													
Name	City/State	Dates	Field of Study	Did you Graduate?										
High School	_____	_____	_____	___ Yes ___ No										
College	_____	_____	_____	___ Yes ___ No										
Other	_____	_____	_____	___ Yes ___ No										

General Information

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? ___ Yes ___ No

Have you been convicted of a crime? ___ Yes ___ No Conviction will not necessarily disqualify an applicant from employment.

US Military/Naval Services _____ Rank _____ Discharge Date _____

Will you travel? ___ Yes ___ No Driver's License No _____ State _____

Are you capable of performing in a reasonable manner the activities included in the job for which you have applied? ___ Yes ___ No *Note to Applicant: Answer this question only if you have been informed about the requirements.*

References

Include only individuals familiar with your work ability.

Name	Phone & Email	Years Known & Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment History

Applications will not be considered unless every question in this section is answered. We make every effort to contact previous employers, so correct telephone numbers and emails of past employers are critical.

Most Recent Employer Are you currently working for this employer? Yes No May we contact this employer? Yes No

Name _____ City/State _____ Job Title _____

Phone & Email _____ Dates Employed _____ to _____ Salary _____

Supervisor's Name _____ Reason for Leaving _____

Second Recent Employer May we contact this employer? Yes No

Name _____ City/State _____ Job Title _____

Phone & Email _____ Dates Employed _____ to _____ Salary _____

Supervisor's Name _____ Reason for Leaving _____

Third Recent Employer May we contact this employer? Yes No

Name _____ City/State _____ Job Title _____

Phone & Email _____ Dates Employed _____ to _____ Salary _____

Supervisor's Name _____ Reason for Leaving _____

Fourth Recent Employer May we contact this employer? Yes No

Name _____ City/State _____ Job Title _____

Phone & Email _____ Dates Employed _____ to _____ Salary _____

Supervisor's Name _____ Reason for Leaving _____

Certification and Release

I certify that the answers given to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment.

I authorize credit reporting agencies, persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said credit reporting agencies, persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug and alcohol testing to detect the use of illegal drugs and alcohol, including both any use of illegal drugs prior to as well as during employment. I understand and agree that all persons, parcels, and bags are subject to inspection at any time.

I understand, if hired, I will be in the orientation and training period for the first 6 months of employment.

Further, I understand that this agency is an "At-will" employer and I agree that my employment is for no definite period and may, regardless of the date of payment of wages and salary, be terminated at any time by me or the Center without previous notice. I understand that my employment is contingent upon working the scheduled hours and agree that these hours are subject to change.

Signature

Date