

# APPLICATION FOR EMPLOYMENT



PLEASE PRINT

P E R S O N A L	Last Name                      First                      Middle			Date
	Street Address			Home Number
				Cell Number
	City	State	Zip	Social Security Number
	Position applying for?		How did you learn of the position?	
	1. Have you ever worked or applied to work for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes: When? _____ Position? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Have you ever been convicted of any crime ? <input type="checkbox"/> Yes <input type="checkbox"/> No			When are you available to begin work? _____
	3. Class of Driver's License: _____			
	Expiration Date: _____			
	Motorist ID # _____			
State of Issuance : _____				
Have you had any moving violations in the past 5 years? _____				
<p>If you answered <b>YES</b> to any of the questions 1 - 3 above, you must provide an explanation to be considered for employment. Please include complete details with dates in the remarks section below. Use additional sheets if necessary. None of the above circumstances represents an automatic bar to employment. Each case is considered on individual merits in relation to the duties of the position for which you are applying. False, incomplete or misrepresented information on this application of any kind, will be sufficient cause for the application to be rejected, or, if discovered after employment, cause for immediate termination of employment.</p>				
<p>REMARKS:</p> _____ _____ _____ _____				

# Employment

(All sections and boxes must be filled out to be considered for employment)

Please give accurate, complete employment record. Start with your present or most recent employer  
**Do not leave any section blank.**

1	Company Name	Telephone ( )
	Address	Employment dates (State month/year) From _____ To _____
	Name and Title of Supervisor	
	State Job Title and Describe Your Work  May we contact this employer? Yes _____ No _____	Reason for Leaving: _____ _____ _____

2	Company Name	Telephone ( )
	Address	Employment dates (State month/year) From _____ To _____
	Name and Title of Supervisor	
	State Job Title and Describe Your Work  May we contact this employer? Yes _____ No _____	Reason for Leaving: _____ _____ _____

3	Company Name	Telephone ( )
	Address	Employment dates (State month/year) From _____ To _____
	Name and Title of Supervisor	
	State Job Title and Describe Your Work  May we contact this employer? Yes _____ No _____	Reason for Leaving: _____ _____ _____

4	Company Name	Telephone ( )
	Address	Employment dates (State month/year) From _____ To _____
	Name and Title of Supervisor	
	State Job Title and Describe Your Work  May we contact this employer? Yes _____ No _____	Reason for Leaving: _____ _____ _____

E D U C A T I O N	School	Name and Location	Course of Study	Did you graduate?	Grade Point Average	Degree or # of Years Completed
	High School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	College			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Business/ Technical			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Special Skills					

R E F E R E N C E S	<p>Three references for full-time, two for per-diem are required. At least two must be from past supervisors. Complete contact information, with address and telephone must be included to be considered for employment.</p>		
	1	Name	Telephone (indicate whether home or business phone) (    )
		Company Name	Street Address
		Title	City, State, Zip
		Relationship to you?	How long have they known you?
	2	Name	Telephone (indicate whether home or business phone) (    )
		Company name	Street Address
		Title	City, State, Zip
		Relationship to you?	How long have they known you?
	3	Name	Telephone (indicate whether home or business phone) (    )
		Company Name	Street Address
Title		City, State, Zip	
Relationship to you?		How long have they known you?	

# Applicant's Releases and Signature

**PLEASE READ CAREFULLY**

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, and experience along with reasons for termination of employment from previous employers. Additionally, I understand that **Mental Health America (MHA) or Mid Hudson Addiction Recovery Centers, Inc. (MARC)** may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. Furthermore, I understand that connection with my application for employment with **MHA/MARC**, I am required to consent, in writing, to the issuance to **MHA/MARC** of a Consumer Report and an Investigative Consumer Report about me. Certain information about these two kinds of reports and my rights under the federal Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.* have been provided to me. **I have read this information carefully. I understand that if I have any questions about these reports, I may contact MHA or MARC Administration.**

Please initial \_\_\_\_\_

I authorize, without reservation, any party or employer contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I voluntarily and knowingly waive all rights to bring an action for defamation, invasion of privacy, or similar causes of action, against anyone providing or seeking such information. This authorization and consent shall be valid in original, fax, or copy form.

**All hiring and employment at MHA/MARC is at-will.** I understand this application is not an employment contract, nor can it be used to create one. Employment by **MHA/MARC** has no specific term and may be terminated by the employee or **MHA/MARC** with or without notice. I acknowledge that **MARC** has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with **MHA/MARC**, and that failure to provide this evidence will result in the termination of my employment.

I understand that if I am offered a position with **MHA/MARC**, I may be required to have a medical examination and drug test. If a drug test establishes the use of illegal substances, the offer of employment will be withdrawn.

I release and agree to hold harmless any individual, employer, business institution or government employer from all liability with regard to furnishing information to **MHA/MARC**. I agree to release and hold harmless **MHA/MARC** from all liability with respect to the receipt of such information.

I certify that I have and will provide information throughout the hiring process, including the information on this application form and in interviews that is true and complete. I further certify that I have and will answer all questions to the best of my ability and that I have and will not withhold any information that would unfavorably affect my application for employment. I understand that if any misrepresentation or omission has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment may be terminated.

**I fully understand and accept all terms and conditions in the above statement.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**MILITARY SERVICE**

Did you serve in the U.S. Armed Forces?	
What years did you serve?	
Do you have a protected veteran class? Y/N what class?	
What Branch of the U.S. Military did you serve with?	

MHA/MARC is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability.