



Application for Employment

Mental Health America is an Equal Opportunity Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications, and without regard to race, sex, religion, nationality, ethnicity, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT

Position Applying For:	Name (Last, First, Middle):	Other names under which you have attended school or been employed:	
Street Address:		City, State & Zip:	
Social Security Number:	Home Phone:	Work Phone:	Cell Phone:
Are you eligible to work in the United States?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?	
Have you ever been employed by Mental Health America	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:	
Are you related to any current company employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?	
Driver's License information : State of issuance:			
license #:		Expiration date:	
If required for position, do you have a valid professional license (nursing, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		If YES, State of issuance: license #: Expiration date:	
How did you learn about this employment opportunity? Check all that apply: <input type="checkbox"/> Ad in <i>newspaper</i>			
<input type="checkbox"/> Job Bulletin (Posting) /Walk-in <input type="checkbox"/> Website <input type="checkbox"/> Non-Profit Center <input type="checkbox"/> Ad by Professional Organization			
<input type="checkbox"/> Referral by employee <input type="checkbox"/> Referral by friend/colleague <input type="checkbox"/> Other:			

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying:						

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SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE: Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation “See Resume.” (Mental Health America reserves the right to contact all current and former employers for reference information.)

Most Recent Position – Dates Employed From: To:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title: Salary (or hourly wage):
Organization Name and Address:		
Supervisor’s Name, Title and Phone #:		Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Other Reference - Name, Title and Phone #:		
Primary duties:		Reason for Leaving:
Previous Position – Dates Employed From: To:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title:
Organization Name and Address:		
Supervisor’s Name, Title and Phone #:		Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Other Reference - Name, Title and Phone #:		
Primary duties:		Reason for Leaving:

Previous Position – Dates Employed From: To:		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title:
Organization Name and Address:			
Supervisor's Name, Title and Phone #:		Contact my current references:	
Other Reference - Name, Title and Phone #:		<input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate	
Primary duties:		Reason for Leaving:	
Previous Position – Dates Employed From: To:		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title:
Organization Name and Address:			
Supervisor's Name, Title and Phone #:		Contact my current references:	
Other Reference - Name, Title and Phone #:		<input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate	
Primary duties:		Reason for Leaving:	
Previous Position – Dates Employed From: To:		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title:
Organization Name and Address:			
Supervisor's Name, Title and Phone #:		Contact my current references:	
Other Reference - Name, Title and Phone #:		<input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate	
Primary duties:		Reason for Leaving:	

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form as instructed, or misrepresentation or omission of required information, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize **Mental Health America** to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of **Mental Health America** serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first TWELVE MONTHS of regular employment represent a provisional period, during which I may be terminated without right of appeal.

Applicant Signature: _____ Date: _____