



An Equal Opportunity/Affirmative Action Employer
APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR \_\_\_\_\_

Date you can start \_\_\_\_\_ Hourly Rate/Salary desired \_\_\_\_\_

PERSONAL INFORMATION Incomplete information could disqualify you from further consideration.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Are you eligible to work in the U.S? Yes No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)

Yes No

Have you ever been convicted of a crime including sexual related offenses?

A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.

Yes No

If yes, please provide details (dates and location for all convictions)

\_\_\_\_\_

Have you ever been terminated from employment or asked to resign by an employer? Yes No

If yes, please provide company names and details \_\_\_\_\_

Can you work any shift? Yes No Can you work overtime, including weekends? Yes No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

Are you currently employed? \_\_\_\_\_ If so may we inquire of your present employer?

\_\_\_\_\_

REFERRAL SOURCE

How did you hear about us? Newspaper Advertisement [ ] Website [ ] Online [ ]

Job Service [ ] Employment Agency [ ] Employee [ ] Other [ ]

Have you ever worked for the Mental Health Center before? Yes No

Explain \_\_\_\_\_

Do you know anyone who works for the Mental Health Center? Yes No If yes, who?

EDUCATION	Name and location of school	No. of yrs. Attended	Degree Received	Subjects studied/Major
College or University				
High School				
Trade, Business or Correspondence School				

Do you have any current professional licenses? State \_\_\_\_\_

License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Do you have any special skills, foreign languages, sign language, experience and/or training that would enhance your ability to perform the position applied for? If yes, please explain \_\_\_\_\_

Have you ever had any job-related training in the United States military? Yes  No

If yes, please describe \_\_\_\_\_

**EMPLOYMENT HISTORY** Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Telephone
			( )
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Hourly Rate/Salary		Reason for leaving	

			Telephone
From	To	Employer Name	( )
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Hourly Rate/Salary		Reason for leaving	
			Telephone
From	To	Employer Name	( )
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
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			Telephone
From	To	Employer Name	( )
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Hourly Rate/Salary		Reason for leaving	

Computer Skills (please describe):

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**PROFESSIONAL REFERENCES** Give the names of three previous supervisors or co-workers.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

**Please read carefully before signing.**

The Mental Health Center is an equal opportunity employer. The Mental Health Center does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for The Mental Health Center to hire me. I understand that no representative of The Mental Health Center has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to The Mental Health Center true and complete information on this application. No requested information has been concealed. I authorize The Mental Health Center to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.**

Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

• **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	<b>Federal Trade Commission: Consumer Response Center - FCRA</b> Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	<b>Office of the Comptroller of the Currency Compliance Management</b> Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	<b>Federal Reserve Board Division of Consumer &amp; Community Affairs</b> Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	<b>Office of Thrift Supervision Consumer Complaints</b> Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	<b>National Credit Union Administration</b> 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	<b>Federal Deposit Insurance Corporation</b> Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	<b>Department of Transportation Office of Financial Management</b> Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	<b>Department of Agriculture Office of Deputy Administrator - GIPSA</b> Washington, DC 20250 202-720-7051

# INVITATION TO IDENTIFY FOR AFFIRMATIVE ACTION PURPOSES

Our company is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, disability, or any other basis prohibited by federal, state, or local law. No question on this form is intended to secure information to be used for such discrimination. The company is required by federal regulations to report information as requested below. Your contribution of this information is completely voluntary and in no way affects the decision regarding your employment opportunity. The information you provide is strictly confidential and will be maintained separate from your application form.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

### PLEASE CHECK ONE:

- Male
- Female

### INDICATE THE APPROPRIATE RACE/ETHNIC GROUP:

- Hispanic or Latino
- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian Or Alaska Native
- Two or More races

### HOW WERE YOU REFERRED TO THIS JOB:

- |  |  |
|--|--|
| <input type="checkbox"/> School/College          | <input type="checkbox"/> Walk-In                 |
| <input type="checkbox"/> Advertisement           | <input type="checkbox"/> Advertisement           |
| <input type="checkbox"/> Search Firm             | <input type="checkbox"/> Employee Referral _____ |
| <input type="checkbox"/> State Job Service       | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> Government Agency _____ |  |

## Invitation to Self-Identify Disability or Veteran Status

This employer is an affirmative action employer committed to employing and advancing the employment of qualified persons with disabilities and veterans. If you would like to be included in our affirmative action program, please let us know by completing this survey now or at any time in the future (check all applicable items).

Please note that your response is voluntary. Declining to respond will not subject you to any adverse treatment. Information you provide will be kept confidential, except that (1) supervisors and appropriate administrators may be informed regarding reasonable accommodations or work restrictions; (2) first aid personnel may be informed when, and to the extent appropriate, you have a condition that might require emergency treatment; and (3) certain information may be disclosed if required by a civil rights enforcement agency, regulation, or law.

Your Name: \_\_\_\_\_ Your Department: \_\_\_\_\_

**I am neither a veteran nor a person with a disability.**

**I am a person with a disability.** (“Disability” is a physical or mental impairment that substantially limits one or more major life activities.)

**I am a veteran.** Date of discharge or release from active duty: \_\_\_\_\_

**I am a “special disabled veteran.”** (A veteran who is entitled to compensation by the Veterans Administration for a disability rated at 30% or more, or 10 or 20% under Section 3106 of Title 38 USC covering serious employment handicap, or a person who was discharged or released from active duty because of service-connected disability.)

**I am a “veteran of the Vietnam era.”** (A veteran who served on active duty for more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was honorably discharged or released sooner because of a service-related disability.)

**I am a “recently separated veteran.”** (A veteran for whom less than one year has passed since the date of discharge or release from active duty.)

**I am an “other protected veteran.”** (A person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense.)

**\*\* Answer the following only if you are a current employee or a job offer has been extended. \*\***  
Are there accommodations that have been made or need to be made in your present job that would enable you to perform the job properly and safely? If yes, please explain below.