

TEAM MENTAL HEALTH SERVICES
APPLICATION FOR EMPLOYMENT

This application was designated to comply with the Federal Civil Rights Act, Title VII, age Discrimination Act of 1967, the Americans with Disabilities Act, the Civil Rights Act of 1991 and the Michigan Fair Employment Laws. **Team Mental Health Services**, therefore, gives assurance that no question answered is, or will be unlawfully discriminate in matters of race, color, gender, religious creed, national origin, marital status, age, disability, sexual orientation, Vietnam Veteran's status, or on the basis of height or weight.

PLEASE PRINT

Name: _____ Social Security #: _____ - _____ - _____
Last First Middle Initial

Address: _____
Street City State Zip Code

Cell # () _____ Other Phone # () _____ E-mail _____

Position(s) Applied for: _____ Date of Application ____/____/____

Referral Source (how did you hear about us)? _____

If necessary, the best time to call you is:
 ____:____AM/PM or ANY Time

May we contact you at work? YES NO

If YES, work number and best time to call:
 () _____ - _____ : _____AM/PM

Have you submitted an application here before? YES NO

If YES, give date(s) and positions(s) :

Have you ever been employed here before? YES NO

If YES, give dates:
 From ____/____/____ To ____/____/____

Are you at least 18 years of age? YES NO

Are you legally eligible for employment in this country? YES NO

Date available for work: ____/____/____

What is your desired salary range of hourly rate of pay?
 \$ _____ Per _____

Type of employment desired: Full time Part time
 Educational Co-Op Seasonal Temporary

Will you relocate if job requires it? YES NO

Will you travel if job requires it? YES NO

How far are you willing to travel to work?

Do you plan to work elsewhere or attend school while working here? YES NO

If they have been explained to you, are you able to meet the attendance requirements of the position? YES NO

Person to contact in case of emergency:

Name Phone #

For positions requiring driving (Case Mgr., Therapists, Nurses, Peer Specialists, Admin. support and Supervisors):
 Do you posses a valid driver's license? YES NO

My driver's license # is: _____

Have you had your driver's license suspended or revoked in the last three years? YES NO

Have you ever been convicted of or plead guilty to any law violation, whether felony or misdemeanor (except a minor traffic violation in the past 10 years)? YES NO

If yes, give details (including dates (s), number of violations and disposition)

(Conviction will not necessarily disqualify and applicant from employment)

Employment History

Starting with your most recent employer, provide the following information or write "**SEE RESUME**":

Employer	Telephone # ()	Dates Employed: Month Year to Month Year
Street Address	City	State
		Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
		Compensation (Ending)
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Summarize the type of work performed and job responsibilities		
What did you like most about your position?		
What were the things you liked least about your position?		
Employer	Telephone # ()	Dates Employed: Month Year to Month Year
Street Address	City	State
		Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
		Compensation (Ending)
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Summarize the type of work performed and job responsibilities		
What did you like most about your position?		
What were the things you liked least about your position?		
Employer	Telephone # ()	Dates Employed: Month Year to Month Year
Street Address	City	State
		Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
		Compensation (Ending)
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per
Summarize the type of work performed and job responsibilities		
What did you like most about your position?		
What were the things you liked least about your position?		

Employment History

Have you ever been terminated from employment? Yes No

If yes, How many times? _____ When? _____

What was the basis for termination? (e.g., Employer requested resignation, poor job performance, reduction in force, misconduct) _____

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

List times / shifts **NOT** available for any day below:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Skills and Qualifications

List job-related skills and qualifications: _____

Training

Typing WPM: _____
 MOTT DCW Training Date: ___/___/___
 C.P.R. Date: ___/___/___
 First Aid Date: ___/___/___
 N.V.C.P.I. Date: ___/___/___
 Recipient Rights Date: ___/___/___
 Other: Please list with dates Date: ___/___/___

Awards/Honors Received: _____

County: _____

Date: ___/___/___

Language other than English _____ Speak _____ Read _____ Write _____ Comments: _____

Educational Background

School (include City and State)	Dates Attended	Completed	Major/Minor
	___/___/___	9 10 11 12	
	___/___/___	1 2 3 4	
	___/___/___	1 2 3 4	
	___/___/___	1 2 3 4	

References

List names and telephone number of three **business/work** references (supervisors) who are not related to you. If not applicable, list three school or personal references who are not related to you.

NAME/TITLE	RELATIONSHIP TO YOU	PHONE #	Number of Years Known
		() _____ - _____	
		() _____ - _____	
		() _____ - _____	

I _____ give permission to Team Mental Health Services to contact my past employers or references, while conducting pre-employment screening.

Signature

Date

Applicant Statement

I represent that the information in this employment application is true and complete. I understand that any falsification, misstatement or omission of information may be grounds for either the rejection of my application or dismissal from subsequent employment.

I authorize the reference in my application to provide you any and all information they may have. I release all parties, including the listed references and prior employers from all liability for any statements or information they may provide. Specifically, I authorize **Team Mental Health Services** facility to contact any and all of my former employers or any all off the references I have identified, for the purpose of verifying any off the information I have provided to **Team Mental Health Services** facility and / or for the purpose of obtaining any information whatever, whether favorable or unfavorable, about me or my employment with any former employer.

I understand that if an offer of employment is extended to me, I may be required to submit to a medical examination, which may include a drug test. Employment may be contingent upon satisfactory passing such medical examination and drug test. I will indicate to **Team Mental Health Services** facility whether I need an accommodation in order to perform the essential elements of any information provided by me in this application. Such authorization specifically includes my provision of consent for the facility to conduct a criminal investigation.

In consideration of my employment, I agree to conform with all corporate policies and rules. I understand that these rules and policies, as well as any and all programs, procedures and / or benefits, may change from time to time at the sole election of the corporation. I understand that, if hired, I may be required to sign a non-compete and confidentiality agreement. I understand that nothing in this application is intended to imply or create an employment relationship or contract for employment. I further understand that, if hired, my employment is "at will", and can be terminated at anytime, and specifically acknowledge that any agreement for employment other than "at-will" must be in writing and signed by the Director of **Team Mental Health Services Facility**.

This application was designated to comply with the Federal Civil Rights Act, Title VII, the Age Discrimination Act of 1967, the Americans with Disabilities Act, the Civil Rights Act of 1991 and Michigan Fair Employment Laws. **Team Mental Health Services Facility**, therefore, gives assurance that no question answered is or will be used to, unlawfully discriminate in matters of race, color gender, religious creed, national origin, marital status, age, disability, sexual orientation, veteran's status, or on the basis of height or weight.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement

Signature of applicant _____

Date _____