

GENESEE COUNTY COMMUNITY MENTAL HEALTH APPLICATION FOR EMPLOYMENT

Please print or type and complete all sections

NAME:	_____	_____	_____
	(Last name)	(First name)	(Middle Initial)
Social Security #:	_____		
Driver's License #:	_____		
Address:	_____	_____	_____
	(Number)	(Street)	(City)
			(State)
			(Zip)
Home Phone #:	_____	Alternate #:	_____

Position(s) you are applying for:	_____		

Have you previously been employed by Genesee County Community Mental Health?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If Yes, when? _____	
Have you ever been discharged from any position:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If Yes, explain: _____
Have you ever been convicted of any felony or misdemeanor, not including civil citations, but including juvenile offenses?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If Yes, explain in detail: _____
Have you ever had a Recipient Rights Violation substantiated against you?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If Yes, explain in detail and provide location of Recipient Rights Office: _____

Genesee County Community Mental Health Is An Equal Opportunity Employer. We Do Not Discriminate On The Basis Of Religion, Race, Color, National Origin, Sex, Disability, Age, Marital Status, Height, Weight, Arrest Record, Genetic information, and Sexual Orientation.

If you have a disability which impairs your ability to apply for a position, please be advised that this office will, upon request, provide assistance in reading or completing the application, as needed.

EDUCATIONAL INFORMATION

Type of Educational Facility	Did you graduate?		Name of School	Degree rec'd or expected		If no degree, credits earned	Major or Concentration
	No	Yes		Year	Month		
High School							
Technical/Ged/Other							
College/University Undergrad. BA/BS							
College/University Graduate MA/MS							
Other (Specify)							

Did you do a supervised practicum? ___Yes ___No

At What level? ___Associates ___Bachelors ___Masters

Where? _____

Please describe the setting and, if applicable, client population (e.g. direct care or non-direct care; developmentally disabled or mentally ill; children or adults, etc.) _____

If you did more than one practicum, please indicate on an additional page.

LICENSE/CERTIFICATION (PLEASE ATTACH A COPY)

Please place a check mark next to any Michigan licensure/certification which you possess and fill in the I.D. # and expiration date.

LICENSURE/CERTIFICATION	LICENSE/I.D. #	EXPIRATION DATE
SOCIAL SERVICE TECHNICIAN		
SOCIAL WORKER		
LICENSED SOCIAL WORKER		
LIMITED LICENSED SOCIAL WORKER		
LIMITED LICENSED PSYCHOLOGIST		
TEMP. LIMITED LICENSED PSYCHOLOGIST		
LICENSED PSYCHOLOGIST		
LICENSED PROFESSIONAL COUNSELOR		
LIMITED LICENSED COUNSELOR		
REGISTERED NURSE		
M.D./D.O.		
OTHER - PLEASE SPECIFY		

PAID EMPLOYMENT EXPERIENCE

Only information included on/or attached to this form will be considered. List most recent first.

EMPLOYER: _____	ADDRESS: _____
JOB TITLE: _____	SUPERVISOR: _____
DATES OF EMPLOYMENT: From: _____ (Month/Year)	To: _____ (Month/Year)
Average Number of Hours Per Week: _____	
Specify reason for leaving (i.e. discharge, lay-off, resignation) _____	
Describe Duties _____	
EMPLOYER: _____	ADDRESS: _____
JOB TITLE: _____	SUPERVISOR: _____
DATES OF EMPLOYMENT: From: _____ (Month & Year)	To: _____ (Month & Year)
Average Number of Hours Per Week: _____	
Specify reason for leaving (i.e. discharge, lay-off, resignation) _____	
Describe Duties _____	
EMPLOYER: _____	ADDRESS: _____
JOB TITLE: _____	SUPERVISOR: _____
DATES OF EMPLOYMENT: From: _____ (Month & Year)	To: _____ (Month & Year)
Average Number of Hours Per Week: _____	
Specify reason for leaving (i.e. discharge, lay-off, resignation) _____	
Describe Duties _____	

Occasionally, the form of an application blank makes it difficult for an individual to adequately summarize his/her complete background. To assist us in properly assessing your qualifications use the space below to present any additional information relevant to employment with Genesee County Community Mental Health. (Include experience, skills, hobbies, volunteer work, etc. not covered above.)

MILITARY SERVICE

Have you ever served in the Armed Forces of the United States: ___No ___Yes

If yes, what branch? _____

Dates of Duty: FROM _____ TO _____

Discharge: ___Honorable ___Dishonorable ___General

What were your duties in the Service? (Include Special Training) _____

TECHNICAL QUALIFICATIONS

Do you type? ___No ___Yes If yes, indicate speed _____WPM

Computer? ___No ___Yes If yes, please indicate those systems/software package
with which you are familiar: _____

REFERENCES (NOT RELATIVES)

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Person to be notified in case of emergency:

Name: _____

Address: _____

Phone: _____

By signing this application, I hereby:

1. Understand that if I am selected for employment, evidence of U.S. citizenship or U.S. permanent resident status must be provided to the Agency.
2. Certify that the information contained in this application is true to the best of my knowledge and belief. I further understand that, if employed, any misrepresentation of fact in this application may result in my discharge.
 - a. Acknowledge and authorize Genesee County Community Mental Health to do a criminal background check to verify information provided on this application for employment.
3. Authorize my previous employer (s) to release to Genesee County Community Mental Health any information with respect to my employment with said previous employer (s) as CMH may request, including copies thereof.
4. Acknowledge and agree that, if employed, my employment is "at will" or subject to termination at any time during my probationary period for any reason or no reason at all by either the employer or myself. I further understand that no oral statement or representation made before or during my probationary period will change, modify or amend that "at will" nature of my employment. This provision applies to current employees unless provisions of applicable bargaining agreements provide otherwise.
5. Acknowledge that non-privileged information contained in this application may be publicly disclosed upon a request under the provisions of the Freedom of Information Act, unless I am able to demonstrate through written request at the time of application that the release of this information represents an unwarranted invasion of privacy.

Signature of Applicant

Date

GENESEE COUNTY COMMUNITY MENTAL HEALTH

APPLICANT INFORMATION FORM

Federal Government Guidelines require that we collect the following information on all applications for employment. You are not required to give this information. This information is for statistical analysis and periodic government reporting, and will be kept in confidential Human Resources Office files.

DATE: _____

NAME: _____

POSITION(S) APPLIED FOR: _____

CHECK ONE: _____ *I will provide the following information.*

_____ *I prefer not to provide this information.*

DATE OF BIRTH: _____ **AGE:** _____

CHECK ONE: Male _____ Female _____

CHECK ONE: White _____ Black _____ Hispanic _____

American Indian/Alaskan Native _____ Asian/Pacific Islander _____

WHERE DID YOU LEARN ABOUT THIS JOB:

Agency Employee _____

Job Fair _____

Professional Publication _____

Walk-In/Call-In _____

Web Site _____

Recruitment Poster _____

Newspaper _____

