



## APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

DATE: \_\_\_\_\_

POSTION APPLIED FOR: \_\_\_\_\_

PLEASE READ THE JOB DESCRIPTION CAREFULLY TO BE SURE YOU MEET ALL OF THE REQUIREMENTS.  
 PLEASE TYPE OR PRINT CLEARLY IN BLUE OR BLACK INK AND COMPLETE THE APPLICATION IN ITS ENTIRTY.  
 INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED..

**PERSONAL INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ BEST TIME TO CONTACT YOU: \_\_\_\_\_

ARE YOU AT LEAST 18 YEARS OF AGE? YES OR NO

ARE YOU AUTHORIZED TO LEGALLY WORK IN THE UNITED STATES: YES OR NO

**PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.**

**EDUCATION:**

Have you graduated from High School or received a High School equivalency diploma? Yes or No

If No, circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

SCHOOL	NAME	ADDRESS	DEGREE RECEIVED
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
TECHNICAL OR BUSINESS			

Please describe any courses; training received; or skills you have attained which you feel would help you perform the job for which you are applying . \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYERS:** PLEASE LIST YOUR EMPLOYMENT HISTORY FOR THE PAST 7 YEARS. LIST CURRENT EMPLOYER FIRST. IF ADDITIONAL SPACE IS NEEDED PLEASE ATTACH A SEPARATE SHEET OF PAPER. YOU MAY ALSO INCLUDE A RESUME WITH THE APPLICATION BUT NOT SUBSTITUTE.

1) NAME: (Current Employer)	DATES OF EMPLOYMENT		JOB TITLE	SALARY or WAGE	SUPERVISOR'S NAME
ADDRESS:	FROM:	TO:			
CITY, STATE:	DUTIES: (must be listed)				
PHONE:	REASON FOR LEAVING:				
2) NAME: (Current Employer)	DATES OF EMPLOYMENT		JOB TITLE	SALARY or WAGE	SUPERVISOR'S NAME
ADDRESS:	FROM:	TO:			
CITY, STATE:	DUTIES: (must be listed)				
PHONE:	REASON FOR LEAVING:				
2) NAME: (Current Employer)	DATES OF EMPLOYMENT		JOB TITLE	SALARY or WAGE	SUPERVISOR'S NAME
ADDRESS:	FROM:	TO:			
CITY, STATE:	DUTIES: (must be listed)				
PHONE:	REASON FOR LEAVING:				

**SKILLS AND QUALIFICATIONS**

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our agency. \_\_\_\_\_

\_\_\_\_\_

**GENERAL INFORMATION:**

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? YES OR NO (A CONVICTION WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM BEING CONSIDERED AS A CANDIDATE FOR EMPLOYMENT) IF YES, PLEASE EXPLAIN: \_\_\_\_\_

DO YOU SPEAK, READ OR WRITE ANY FOREIGN LANGAUGES? YES OR NO IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU EVER APPLIED FOR A POSITION HERE BEFORE? YES OR NO IF YES WHEN?: \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? YES OR NO IF YES, WHEN? \_\_\_\_\_

**REFERENCES:** PLEASE LIST 3 REFERENCES WHOM WE MAY CALL. PLEASE INDICATE WHETHER THE REFERENCES ARE PERSONAL OR PROFESSIONAL/SUPERVISORY. DO NOT INCLUDE FAMILY MEMBERS.

	NAME	TITLE	REFERENCE TYPE		PHONE
			Personal	Professional	
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	( ) _____
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	( ) _____
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	( ) _____

APPLICATIONS REMAIN ACTIVE FOR 6 MONTHS. YOU MAY RENEW YOUR APPLICATION AFTER THAT TIME TO BE CONSIDERED FOR OTHER JOB OPENINGS. CMHA PROHIBITS DISCRIMINATION IN EMPLOYMENT BASED ON RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, DISABILITY, OR AGE.

I HEREBY DECLARE THAT THE INFORMATION PROVIDED BY ME IN THIS APPLICATION FOR EMPLOYMENT IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT, IF EMPLOYED, ANY FALSIFICATION, MISSTATEMENT OR OMISSION OF FACT IN CONNECTION WITH MY APPLICATION, WHETHER ON THIS DOCUMENT OR NOT, MAY RESULT IN IMMEDIATE TERMINATION OF EMPLOYMENT.

I ACKNOWLEDGE THAT IF I BECOME EMPLOYED, I WILL BE FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME FOR ANY REASON, AND THE CMHA RETAINS THE SAME RIGHTS. I UNDERSTAND THAT EMPLOYMENT IS "AT THE WILL OF BOTH PARTIES" AND THAT THE EMPLOYEE CAN BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE.

I ACKNOWLEDGE THAT VERIFICATION OF ANY AND ALL INFORMATION PROVIDED MAY BE CONDUCTED TO INCLUDE A BACKGROUND CHECK, DRUG SCREENING AND CONTACTING OF REFERENCES AND THAT PRIOR TO SUCH I WILL BE FURNISHED WITH AN **ACKNOWLEDGEMENT FOR RELEASE OF EMPLOYMENT INFORMATION** FORM AUTHORIZING SUCH VERIFICATION.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE