



MENTAL HEALTH SERVICES

FOR CLARK & MADISON COUNTIES, INC.
Community Mental Health Center

APPLICATION FOR EMPLOYMENT

1345 N. Fountain Boulevard • Springfield, Ohio 45504 • Phone: (937) 399-9500

DATE _____

Mental Health Services for Clark and Madison Counties is committed to non-discrimination in employment. As a result, Mental Health Services hires qualified applicants and treats employees during their employment without regard to race, religion, color, sex, national origin, disability, citizenship, veteran status or age (40+).

The furnishing of this application does not indicate that there are any positions open, nor does it in any way obligate Mental Health Services. Please complete the entire application. If you need assistance or have any questions, a member of the Personnel staff will help you.

Your application will remain in our active file for a period of 12 months.

PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	
PRESENT ADDRESS			CITY	STATE	ZIP CODE
PERMANENT ADDRESS			CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER	CELL PHONE NUMBER (optional)	ARE YOU 18 YEARS OF AGE OR OVER? <input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL SECURITY NUMBER	ARE YOU EITHER A CITIZEN OF THE UNITED STATES OR OTHERWISE LEGALLY PERMITTED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	

POSITION DESIRED:	EXPERIENCE	RATE OF PAY DESIRED:
1. _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	1. \$ _____ PER _____
2. _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	2. \$ _____ PER _____

HAVE YOU EVER APPLIED HERE BEFORE <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE THE DATE OF YOUR LAST APPLICATION: _____	HAVE YOU EVER WORKED HERE BEFORE <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE THE DATE OF YOUR LAST EMPLOYMENT: _____
DATE YOU ARE AVAILABLE FOR WORK: ____/____/____	SHIFT YOU ARE AVAILABLE TO WORK: <input type="checkbox"/> FIRST <input type="checkbox"/> SECOND <input type="checkbox"/> THIRD PREFER _____ SHIFT(S)
ARE YOU WILLING TO WORK WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF PART-TIME, GIVE DAYS AND HOURS AVAILABLE: _____
PREFER <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY	
WILL ACCEPT <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY	

IN CASE OF EMERGENCY, THE FOLLOWING PERSON IS TO BE NOTIFIED:

FULL NAME: _____ RELATIONSHIP: _____ TELEPHONE NUMBER: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

IF THE POSITION FOR WHICH YOU ARE APPLYING REQUIRES REGISTRATION, LICENSURE, OR CERTIFICATION, PLEASE COMPLETE THE FOLLOWING:

1. OHIO: TYPE _____ NUMBER _____ YEAR _____
 2. OTHER: TYPE _____ NUMBER _____ YEAR _____

EDUCATION

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL (Give City and State)	COURSES MAJORED IN / DEGREE	CIRCLE LAST YEAR COMPLETED	GRADUATE?
LAST ELEMENTARY SCHOOL ATTENDED			5 6 7 8	
HIGH SCHOOL			9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO
JUNIOR COLLEGE			1 2	<input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO
GRADUATE SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO
BUSINESS, TRADE, NIGHT SCHOOL, OTHER			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO

MILITARY

MILITARY SERVICE	DATES

MILITARY EDUCATION / TRAINING / EXPERIENCE

REFERENCES

DO NOT LIST RELATIVES

NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION
1.			
2.			
3.			

HOW WERE YOU REFERRED TO MENTAL HEALTH SERVICES?

NEWSPAPER

ON MY OWN

WEBSITE

SCHOOL _____

AGENCY _____

MHS EMPLOYEE _____

OTHER _____

WORK HISTORY

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT

1. EMPLOYER				STREET				TELEPHONE NUMBER		
				CITY, STATE, ZIP CODE						
FROM		TO		STARTING JOB TITLE				RATE OF PAY	START:	SUPERVISOR
MO	YR	MO	YR	FINAL JOB TITLE					FINISH:	
DUTIES:						REASON FOR LEAVING:				

2. EMPLOYER				STREET				TELEPHONE NUMBER		
				CITY, STATE, ZIP CODE						
FROM		TO		STARTING JOB TITLE				RATE OF PAY	START:	SUPERVISOR
MO	YR	MO	YR	FINAL JOB TITLE					FINISH:	
DUTIES:						REASON FOR LEAVING:				

3. EMPLOYER				STREET				TELEPHONE NUMBER		
				CITY, STATE, ZIP CODE						
FROM		TO		STARTING JOB TITLE				RATE OF PAY	START:	SUPERVISOR
MO	YR	MO	YR	FINAL JOB TITLE					FINISH:	
DUTIES:						REASON FOR LEAVING:				

4. EMPLOYER				STREET				TELEPHONE NUMBER		
				CITY, STATE, ZIP CODE						
FROM		TO		STARTING JOB TITLE				RATE OF PAY	START:	SUPERVISOR
MO	YR	MO	YR	FINAL JOB TITLE					FINISH:	
DUTIES:						REASON FOR LEAVING:				

HAVE YOU HAD ANY EMPLOYMENT OTHER THAN LISTED ABOVE? YES NO MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? YES NO

IF NO, INDICATE BY NUMBER WHICH ONE(S) YOU **DO NOT** WISH US TO CONTACT: _____ REASONS: _____

IN ORDER FOR MENTAL HEALTH SERVICES TO VERIFY YOUR WORK AND EDUCATIONAL RECORDS, IT IS VERY IMPORTANT FOR US TO KNOW IF ANY OF YOUR RECORDS WOULD BE UNDER ANOTHER NAME. IF SO, PLEASE EXPLAIN:

ADDITIONAL INFORMATION REGARDING YOUR EXPERIENCE, SKILLS, ABILITIES OR QUALIFICATIONS:

HAVE YOU EVER BEEN CONVICTED OF A CRIME, OTHER THAN MINOR TRAFFIC VIOLATIONS? YES NO
IF SO, DESCRIBE IN FULL (INCLUDE DATES, LOCATIONS, TYPES AND DISPOSITIONS):

