

APPLICATION FOR EMPLOYMENT

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
400 JOHNSON STREET
ALPENA, MI 49707
(989) 356-2161 -- FAX: (989) 354-5898

Northeast Michigan Community Mental Health Authority does not discriminate on the basis of race, color, national origin, sex, religion, age, veteran status, or disability in employment or the provision of services.

Name _____ Date of Application _____

Street _____ Telephone _____

City _____ State _____ Zip Code _____

Soc. Sec. No. _____ Are You Over 18? _____

Position for which you are applying _____

Have you been employed here previously? Yes No If Yes, give date(s) _____

Have you ever applied for employment with our agency? Yes No When _____

Are you a relative by birth or marriage of any employee or N.E.M.C.M.H. board member? Yes No

If Yes, Name: _____ Relationship _____

Have you ever had charges of abuse or neglect substantiated against you? _____

Have you ever been convicted of a crime? _____ If Yes, describe When, Where, and Nature of Offense. _____

Has any insurance company ever settled a malpractice claim on your behalf? Yes No

Have you ever been fired? Yes No If Yes, describe circumstances _____

Driver's License No. (record will be checked) _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____
(If hired, proof of citizenship or immigration status will be required.)

Indicate types of computers/software with which you are familiar or list special skills or training which may be pertinent to the position for which you are applying. (e.g. CPR, First Aid Training, Group Home Training, Nurse's Aide) _____

Are you willing to work shifts? _____ Are you willing to work weekends? _____

I consent to a criminal background check that includes review and obtainment of State Police records. Before adverse action is taken, applicant will be advised so that he/she may challenge the report if he/she believes it is in error. I also consent to a fingerprint and an FBI background check (if required for the position) pursuant to my receipt of a good faith offer of employment. I also agree to provide personal identification acceptable to the Michigan State Police. By signing this application you are authorizing the agency to secure this information.

**THE FACTS SET FORTH IN THIS APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE.
I UNDERSTAND THAT ANY FALSE STATEMENT MADE BY ME ON THIS APPLICATION SHALL
BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL REGARDLESS OF THE LENGTH OF EMPLOYMENT.**

Signature _____

EDUCATION (List most recent schools first)

Name & Location of School	Diploma/Degree	Major Area	Grade Avg.
High School: _____	_____	_____	_____
Other: _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PREVIOUS EMPLOYMENT (List present or last employer first; also list ALL employers in last 10 years)

From	To	Name of Organization	Address/Phone
_____	_____	_____	_____
Your Job Title		Name of Supervisor	Reason for Leaving
_____		_____	_____
Your Duties			

From	To	Name of Organization	Address/Phone
_____	_____	_____	_____
Your Job Title		Name of Supervisor	Reason for Leaving
_____		_____	_____
Your Duties			

From	To	Name of Organization	Address/Phone
_____	_____	_____	_____
Your Job Title		Name of Supervisor	Reason for Leaving
_____		_____	_____
Your Duties			

From	To	Name of Organization	Address/Phone
_____	_____	_____	_____
Your Job Title		Name of Supervisor	Reason for Leaving
_____		_____	_____
Your Duties			

(Attach additional pages if necessary)

REFERENCES (List names, addresses & phone numbers of three (3) references who are not relatives)

Name	Complete Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby authorize my current and former employers, schools, and other references to furnish Northeast Michigan Community Mental Health Authority the information requested. I hereby release such organizations and persons from liability or damages incurred as a result of inquiry upon furnishing this information.

Date _____ Signature _____

THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH
NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH SERVICES