



Application for Employment

Applicants will receive consideration for positions on the basis of qualifications and without regard to race, color, religion, national origin, age, sex, sexual orientation, marital status, disability, military or veteran status or any other protected status.

APPLICANT INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME	
ADDRESS		APARTMENT #, ROUTE #, ETC.	
CITY	STATE	ZIP CODE	AREA CODE/TELEPHONE NUMBER(S)
EVER APPLIED TO MHACG BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT DEPARTMENT?	WHEN?	
EVER WORKED FOR MHACG BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT DEPARTMENT?	WHEN?	
REASON FOR LEAVING			
How did you hear of MHACG? <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND or RELATIVE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE			
<input type="checkbox"/> MHACG EMPLOYEE REFERRAL (please specify) _____ <input type="checkbox"/> OTHER, PLEASE LIST _____			

DESIRED EMPLOYMENT

POSITION	WORK DESIRED <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> RESPITE <input type="checkbox"/> TEMPORARY
SALARY DESIRED	WHEN COULD YOU BE AVAILABLE TO WORK?

EDUCATION AND TRAINING

SCHOOL NAME	SCHOOL ADDRESS	NO. OF YEARS ATTENDED	DID YOU GRADUATE? YES/NO	DEGREE/ MAJOR COURSE OF STUDY
HIGH SCHOOL				
COLLEGE				
COLLEGE				
TRADE, BUSINESS OR OTHER SPECIALIZED SCHOOL				

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills or other qualifications which you believe should be considered in evaluating your qualifications for employment.



EMPLOYMENT HISTORY

LIST YOUR LAST THREE EMPLOYERS, STARTING WITH YOUR PRESENT OR MOST RECENT POSITION

NAME OF PRESENT OR MOST RECENT EMPLOYER			
ADDRESS		CITY	STATE ZIP
DATES OF EMPLOYMENT from ____ / ____ / ____ to ____ / ____ / ____	ANNUAL STARTING SALARY	ANNUAL FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
YOUR POSITION/ JOB TITLE		REASON FOR LEAVING	
DESCRIPTION OF WORK			
NAME OF SUPERVISOR		PHONE NUMBER	

NAME OF 2 nd MOST RECENT EMPLOYER			
ADDRESS		CITY	STATE ZIP
DATES OF EMPLOYMENT from ____ / ____ / ____ to ____ / ____ / ____	ANNUAL STARTING SALARY	ANNUAL FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
YOUR POSITION/ JOB TITLE		REASON FOR LEAVING	
DESCRIPTION OF WORK			
NAME OF SUPERVISOR		PHONE NUMBER	

NAME OF 3 rd MOST RECENT EMPLOYER			
ADDRESS		CITY	STATE ZIP
DATES OF EMPLOYMENT from ____ / ____ / ____ to ____ / ____ / ____	ANNUAL STARTING SALARY	ANNUAL FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
YOUR POSITION/ JOB TITLE		REASON FOR LEAVING	
DESCRIPTION OF WORK			
NAME OF SUPERVISOR		PHONE NUMBER	



Account for any period of time not listed in the education, employment, or other sections of this form.

From _____ to _____ How occupied _____

From _____ to _____ How occupied _____

REFERENCES

Please provide the names and contact information for either Professional References, persons not already listed as supervisors under employment history and/or Personal References. Persons listed should not be related to you and should have known you at least one year. Applicants for positions in Youth Services need to provide at least two Personal References.

REFERENCES	1	2	3
NAME			
RELATION TO APPLICANT			
ADDRESS			
PHONE NUMBER			
YEARS KNOWN			

<p>DO YOU HAVE A VALID, CLEAN, NEW YORK STATE DRIVER’S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If No, please explain.</p> <p>If less than 3 years of driving experience, please specify:</p> <p>You may also be required to show proof of insurance.</p> <p>HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><small>NOTE: MHACG INC. DOES NOT DENY EMPLOYMENT SOLELY ON THE BASIS OF A CONVICTION RECORD, UNLESS THERE IS A DIRECT RELATIONSHIP BETWEEN ONE OR MORE OF THE PREVIOUS CRIMINAL OFFENSES AND THE EMPLOYMENT SOUGHT, OR THE GRANTING OR CONTINUATION OF EMPLOYMENT WOULD INVOLVE AN UNREASONABLE RISK TO PROPERTY OR TO THE SAFETY OR WELFARE OF SPECIFIC INDIVIDUALS OR THE GENERAL PUBLIC.</small></p> <p><i>If yes, list any pending and all conviction(s) including date(s) and the crime(s) for which you were convicted.</i></p> <table border="1"> <thead> <tr> <th>Date</th> <th>Conviction/Disposition</th> <th>State</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodations? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	Date	Conviction/Disposition	State									
Date	Conviction/Disposition	State										



NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for a determination to deny employment or if hired, termination of employment.

I authorize the investigation of all statements and information contained in this application (and any other accompanying or required documents). I authorize the person, schools, employers and other organizations named in this application (and any other accompanying or required documents) to provide Mental Health Association of Columbia Greene Counties with any relevant information that may be required to arrive at an employment decision. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If employed, I agree to abide by all of the agency policies, rules and regulations and I understand that employment is at will, that it is not for any specific time period or duration and can be terminated with or without cause and with or without notice, at any time, at the option of either the agency or me. I further understand that no representation, whether oral or written by any representative or agent of the agency, at any time, can constitute a contract of employment. While employment policies or procedures may change from time to time, only a written agreement signed by the Executive Director can change the employee's at-will status.

I understand that an offer of employment and my continued employment with Mental Health Association of Columbia Greene Counties are contingent upon satisfactory proof of my authorization to work in the United States.

I understand that Mental Health Association of Columbia Greene Counties is a Drug Free workplace and I agree to work within its policies in this regard. I understand that, if I am offered employment in a position that requires driving, the job offer may be conditioned upon an acceptable NYS Dept. Of Motor Vehicles clearance, as defined by the agency.

I understand that if I am offered employment in the Youth Services Department or in a position working with youth, an annual physical examination to determine my ability to fulfill the essential job functions with or without reasonable accommodation is a condition of continued employment, and continued employment is conditioned upon an acceptable NYS Office of Children and Family Services clearance as defined by law and regulations.

I understand that if I am offered employment at the Mental Health Association of Columbia Greene Counties, Inc. it is conditioned upon the receipt of a satisfactory search of the Staff Exclusion list (SEL) provided by the Justice Center.

I understand that if I am offered employment at the Mental Health Association of Columbia Greene Counties, Inc. it is conditioned upon the receipt of a satisfactory search of the NYS Statewide Register of Child Abuse and Maltreatment (SCR) conducted through the Office of Children and Family Services.

I understand that if I am offered employment, in a Program which is approved, supervised, inspected or visited by the Office of Children and Family Services and the position would involve the care or supervision of children, it is conditioned upon the receipt of a satisfactory criminal history background check through the NYS Division of Criminal Justice Services. In order to conduct such a check, I understand I will have to be fingerprinted.

I understand that if I am offered employment, in a Program which is approved, supervised, inspected or visited by the Office of Mental Health; it is conditioned upon the receipt of a satisfactory criminal history background check through the NYS Division of Criminal Justice Services. In order to conduct such a check, I understand I will have to be fingerprinted.

I understand that if I am offered employment in the Residential Program or in a position of direct care or regular consumer contact (either adult or child), an initial Mantoux test is required and then annually. A negative result or medical clearance from a physician is a condition of employment.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not applicants are being accepted at that time.

I acknowledge that I have read and understand the above statements.

Applicant's Signature _____ Date _____



**DO NOT WRITE IN THE FOLLOWING SECTION
FOR INTERVIEWER'S USE ONLY**

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	