



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	TELEPHONE NUMBER
ADDRESS		APARTMENT #, ROUTE #, ETC.	
CITY	STATE	ZIP CODE	EMAIL ADDRESS
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 or ONLINE 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 ____ / ____ / ____	YOUR POSITION/JOB TITLE(S)		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
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 ____ / ____ / ____	YOUR POSITIONS/JOB TITLES(S)		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
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 ____ / ____ / ____	YOUR POSITIONS/JOB TITLE(S)		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
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. Two professional references at a minimum are required, in addition to at least one personal.

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>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>



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 in certain positions, a TB test and Hep B Vaccine may be a requirement, due to the nature of the position and contact with the public. Even if the TB test and Hep B are not a requirement of the position, I have the option to accept or decline both at the time of hire. TB tests should be conducted every two years, if it a requirement of the position.

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 each program in their respective divisions within the agency may have a different oversight entity that supervises the Fingerprinting Process and sets up the parameters for satisfactory clearance. Some of these entities include, but are not limited to The Office of Mental Health, New York State Department of Health, Department of Criminal Justice, OASAS, etc. In order to conduct such a check, I understand I will have to be fingerprinted.

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

Applicant's Signature _____ **Date** _____