

An Equal Opportunity Employer: We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on the back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Are you seeking: Full-time Part-time Temporary PRN/as needed employment?

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ E-mail Address: _____

Date Available: _____ Desired Salary: _____

Position Applied for:

Are you 18 years of age or older? YES NO

If hired, can you furnish proof you are eligible to work in the U.S.? YES NO

Were you ever employed here? YES NO If yes, when?

Have you ever applied here before? YES NO If yes, when?

Do you have a personal relationship with any current CMH staff members? YES NO

If yes, give

details: Staff member: _____ Relationship: _____

Is a current CMH staff member referring you? YES NO If yes, which staff member?

How did you learn about this position?

CMH Careers page Indeed.com Newspaper ad _____ (which paper) Facebook/social media

Job fair/Public event University/School Other _____

Education

High School: _____ Location: _____
 From: _____ To: _____ Did you graduate? YES NO

College: _____ Location: _____
 From: _____ To: _____ Did you graduate? YES NO Degree/
 Major: _____

Education continued

College: _____ Location: _____
From: _____ To: _____ Did you graduate? YES NO Degree/
Major: _____
Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree/
Major: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: ()
Email Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: ()
Email Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: ()
Email Address: _____

Have you worked or attended school under any other names? Yes No
If yes, give names: _____

Are you presently employed? Yes No
If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign? Yes No
If yes, please explain: _____

Previous Employment

Company: _____ Phone: ()
Address: _____ Supervisor: _____
Job Title: _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: ()
Address: _____ Supervisor: _____

Job Title:

Responsibilities:

From: To: Reason for Leaving:

Company: Phone: ()

Address: Supervisor:

Job Title:

Responsibilities:

From: To: Reason for Leaving:

Military Service

Branch: From: To:

Rank at Discharge: Type of Discharge:

If other than honorable, explain:

Additional Qualifications & Skills

What professional licensure and/or certifications do you have that are related to the job for which you are applying?

What skills or additional training do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

Do you speak Spanish? Yes No

For jobs requiring you to DRIVE: Do you have a valid driver's license? Yes No

Have you had your driver's license suspended or revoked in the last 3 years? Yes No
If yes, give details:

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, or other protected status:

AFFIDAVIT, CONSENT, RELEASE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre-and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon results of background checks.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE BOARD OF DIRECTORS OF THE CENTER HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE BOARD PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON, AND WITH OR WITHOUT NOTICE.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I HAVE READ, UNDERSTAND, AND BY MY SIGNATURE CONSENT TO THESE STATEMENTS.

This application for employment will remain active for a limited time. Ask the organization's representative for details.

Signature: _____ Date: _____

APPLICANT AFFIRMATIVE ACTION INFORMATION

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability. As an affirmative action employer under E.O. 11246 we invite all applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

Name:

Date:

Position applied for:

I elect not to identify

Racial origin (you may mark one or more of the following):

- White** (a person having origins in any of the original peoples of Europe, the Middle East, or North Africa)
- American Indian or Alaska Native** (a person having origins in any of the original peoples of North and South American, including Central America, and who maintains tribal affiliation or community attachment)
- Black or African American** (a person having origins in any of the black racial groups of Africa)
- Asian** (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
- Native Hawaiian or Other Pacific Islander** (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

Ethnicity:

- Hispanic or Latino** (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

Sex: Male Female

Signature: _____