**Mental Health Association in Fulton & Montgomery Counties**
307-309 Meadow Street
Johnstown, N.Y. 12095

# APPLICATION FOR EMPLOYMENT

**INSTRUCTIONS:** We appreciate your interest in our organization. We consider applicants for all positions without regard to race, color, creed, age, religion, sex, sexual orientation, disability, marital status, national origin, U.S. military service, or arrest/conviction record.

**PERSONAL INFORMATION:** DATE:_____

NAME_____

STREET ADDRESS_____

CITY _____ STATE_____ ZIP CODE_____

SOCIAL SECURITY NUMBER: XXX- XX-_____ PHONE NUMBER: _____

ANY OTHER NAME(S) UNDER WHICH YOU HAVE BEEN PREVIOUSLY EMPLOYED OR UNDER WHICH SCHOOL RECORDS WOULD BE LOCATED:

_____

NAMES OF FRIENDS OR RELATIVES EMPLOYED IN THIS ORGANIZATION:

_____

If you are under 18 years of age, can you furnish a work permit? ☐ Yes ☐ No

Have you ever been employed with us before? ☐ Yes ☐ No If, yes, give dates: _____

Are you a citizen of the U.S. or do you have a valid work permit? ☐ Yes ☐ No

Can you work overtime, if required? ☐ Yes ☐ No

Can you work consistently and report to work on time? ☐ Yes ☐ No

Have you ever been convicted of a crime? (Conviction will not necessarily disqualify an applicant) ☐ Yes ☐ No

If yes, list dates of offenses and dispositions._____

Have you ever had any training in the military related to the job you're applying for? ☐ Yes ☐ No

If yes, please describe: _____

**EMPLOYMENT DESIRED:** **POSITION:** _____ **DATE AVAILABLE:** _____

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Can you travel if the job requires it? ☐ Yes ☐ No Are there travel limitations? ☐ Yes ☐ No

What are the limitations? _____

**EDUCATION:**

| | Name of School | Address | # Years | Degree |
|---|---|---|---|---|
| Elementary School | | | | |
| High School | | | | |
| College | | | | |
| Trade, Business or Correspondence School | | | | |

Professional organizations and/or licenses that may be job related:

_____

_____

**REFERENCES:** Give names, address, and daytime telephone numbers of at least four references, other than relatives, at least one of whom can verify employment history, work record, and qualifications, and at least one of whom can attest to the applicant's character, habits, and personal qualifications.

| Name: | Position | Company | Address | Phone Number | Email |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**EMPLOYMENT EXPERIENCE - List below your last five employers beginning with present or most recent.**

| Month/Year | Name & Address of Employer | Rate of Pay | Position | Reason for Leaving |
|---|---|---|---|---|
| From:<br><br>To: | | | | May we contact employer?<br>☐ Yes ☐ No |
| From:<br><br>To: | | | | May we contact employer?<br>☐ Yes ☐ No |
| From:<br><br>To: | | | | May we contact employer?<br>☐ Yes ☐ No |
| From:<br><br>To: | | | | May we contact employer?<br>☐ Yes ☐ No |
| From:<br><br>To: | | | | May we contact employer?<br>☐ Yes ☐ No |

**APPLICANT'S STATEMENT:**

I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in withdrawal of an offer of employment, or if subsequent to employment, may result in dismissal.

I understand this employment application is not to be construed as a guarantee of employment. I further understand that, should I become employed, my employment with the organization does not constitute any form of contract, implied or expressed, and such employment may be terminated at will either by myself or my employer upon notice of one party to the other.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. You may use this authority to check references with employers I have listed, unless otherwise indicated, as well as the personal references listed.

_____ _____

Signature of Applicant Date

Effective 11/28/2017

**How did you hear about the Mental Health Association and the available position?**

- ☐ **Indeed**
- ☐ **Social Media**
- ☐ **Newspaper**
- ☐ **Job Fair**
- ☐ **Relative**
- ☐ **Friend**
- ☐ **Other** _____