

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, addresses, and daytime telephone numbers of at least four references. Individuals can **not include your significant other** or **be related to you.** At least one reference must be able to verify employment history, work record, and qualifications, and at least one of whom can attest to your character, habits, and personal qualifications.

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

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

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

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

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

Month/Year	Name & Address of Employer	Position	Reason for Leaving
From: To:			May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
From: To:			May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
From: To:			May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
From: To:			May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
From: To:			May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> 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 1/19/2023

<p>How did you hear about the Mental Health Association and the available positions?</p> <p><input type="checkbox"/> Indeed</p> <p><input type="checkbox"/> Social Media</p> <p><input type="checkbox"/> Newspaper</p> <p><input type="checkbox"/> Job Fair</p> <p><input type="checkbox"/> Relative</p> <p><input type="checkbox"/> Friend</p> <p><input type="checkbox"/> Other _____</p>
