

JEFFERSON CENTER for Mental Health

Application for Employment

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, gender, sexual orientation, 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 be based upon 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 your signature on page five of the 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.

Job Applied For: _____ Today's Date: _____

What type of employment are you looking for? Full-time Part-time Contract

When could you start work? _____

Last Name First Name Middle Name Telephone Number

Present Street Address City State Zip Code

Are you 18 years of age or older? Yes No

Social Security Number (Optional) _____

If hired, can you furnish proof that you are eligible to work in the U.S.? Yes No

Have you ever applied to Jefferson Center before? Yes No If yes, when?_____

Were you ever employed at Jefferson Center? Yes No If yes, when?_____

Can you perform the essential functions (as described in the job listing) of the job? Yes No

If **no**, please describe what, if any accommodation would be needed for you to be able to perform the essential functions of this job?

Have you ever been convicted of any law violation? (Include any "guilty" or "no contest" pleas. Exclude minor traffic violations.) Yes No

If **yes**, give details. (A conviction will not necessarily disqualify an applicant for employment.)

Are you presently using illegal drugs? Yes No

For clinical staff only: Do you have a history of loss or limitation of privileges or disciplinary activity in any health care setting? If **yes**, give details?

Licensure _____ Number _____

If employed, do you expect to be engaged in any additional business or private practice outside of our job? Yes No

If **yes**, please complete the Private Practice Form and return to Human Resources.

EDUCATION		
List Name and Address of Schools	No. of Years Completed	Diploma / Degree / Certificate
High School or GED: _____ _____		
College or University: _____ _____ Subjects Studied: _____ _____		
Vocational or Technical: _____ _____ Subjects Studied: _____ _____		

SPECIAL SKILLS		
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? _____ _____		
For Driving Jobs Only: Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Driver's License Number	Class of License	State Licensed in
Has your driver's license been suspended or revoked in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> 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, gender, age, disability or other protected status.) _____ _____		

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm's name and supply business references.

Note: A job offer may be contingent upon acceptable references from current and former employers.

Name of Employer	Title	Telephone Number	
Street Address	City	State	Zip Code
Supervisor(s)	Reason for Leaving		
Employed From (mo/yr) To (mo/yr)	Starting Pay / Final Pay		
Duties _____			

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Duties _____			

REFERENCES

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 _____

Give three references (please do not include relatives).

<u>Name</u>	<u>Address</u>	<u>Phone</u>
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AFFIDAVIT, CONSENT AND RELEASE

PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information, omission or the JCMH credentialing process 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 organization 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 future or continued employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

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 PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE 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.

I have read, understand, and by my signature consent to these statements.

Signature

Date

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