



EMPLOYMENT APPLICATION

Please complete all sections of this application.

DO NOT WRITE, "SEE RESUME" ON THE FORM.

The application must be completed properly and completely.

Please indicate the specific position for which you
are applying. Thank you for your interest in Directions.

EMPLOYMENT APPLICATION

Directions for Mental Health, Inc. is an Equal Employment Opportunity Employer which makes employment decisions without regard to race, color, sex, religion, national origin, age, handicap, disability, or marital status. The organization also reasonably accommodates individuals with handicaps and disabilities.

DIRECTIONS FOR MENTAL HEALTH, INC. IS A DRUG-FREE WORKPLACE.

PLEASE PRINT AND ANSWER ALL QUESTIONS COMPLETELY.

Position Applied For: _____ Date: ____/____/____

Personal Data:

Last Name First Middle

Street Address City State/Zip () Telephone Number

Are you at least 18 years old? Yes No

If not, state your age for child labor law purposes only. _____

Are there any days, shifts or hours you will not work? _____

If yes, explain: _____

Will you work overtime, if required? _____

When will you be able to start work? _____

Have you ever pled guilty, no contest to, had an adjudication withheld, or been convicted of a felony?

Yes No

If yes, please give dates and details: _____

(A conviction will not necessarily disqualify you)

Can you, within three days after employment, submit documentation verifying that you are eligible to work in the United States? Yes No

How did you learn of our organization? _____

Have you ever applied or worked here before? Yes No

If yes, provide dates: _____

List any relatives or friends currently employed here: _____

Employment History:

(Please complete for all full-time or part-time employment beginning with most recent employer)

Company Name: _____ Tel. #: () _____

Address: _____ Dates Employed:

_____ From: _____ To _____

Name of Supervisor: _____ Pay:

State job titles and describe job duties: _____ Start: _____ Last: _____

Reason for Leaving: _____

Employment History:

(Please complete for all full-time or part-time employment beginning with most recent employer)

Company Name: _____ Tel. #: () _____

Address: _____ Dates Employed:

_____ From: _____ To _____

Name of Supervisor: _____ Pay:

State job titles and describe job duties: _____ Start: _____ Last: _____

Reason for Leaving: _____

Employment History:

(Please complete for all full-time or part-time employment beginning with most recent employer)

Company Name: _____ Tel. #: () _____

Address: _____ Dates Employed:

_____ From: _____ To _____

Name of Supervisor: _____ Pay:

Start: _____ Last: _____

State job titles and describe job duties: _____ Reason for Leaving:

Employment History:

(Please complete for all full-time or part-time employment beginning with most recent employer)

Company Name: _____ Tel. #: () _____

Address: _____ Dates Employed:

_____ From: _____ To _____

Name of Supervisor: _____ Pay:

Start: _____ Last: _____

State job titles and describe job duties: _____ Reason for Leaving:

Please explain any gaps in your employment history: _____

Have you ever been discharged or forced to resign? Yes No

If yes, explain: _____

Did you receive any discipline in the last 12 months of active employment? Yes No

If yes, please explain: _____

Military:

(Complete only if you served in the military)

Branch of Service: _____ Date of Service: From: _____ To: _____

Rank at Discharge: _____ Date of Discharge: _____

Were you honorably discharged? Yes No

Describe any military skills, training or experience you believe are relevant to the job applied for:

Education:

(May or may not be considered depending on job applied for)

Describe any educational degrees (please specify BA, MS, MSW, and course of study), training or experiences you believe are relevant to the job applied for: _____

Indicate any special professional licensure (M.D., LPN, RN, LCSW, LMHC, etc.):

License: _____ License Number: _____

License: _____ License Number: _____

Has your professional license ever been revoked or suspended? Yes No

If yes, explain: _____

APPLICANT'S ACKNOWLEDGEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts, or incomplete answers in any application document will disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document will be cause for my dismissal at any time without prior notice.

I understand that, if employed, my employment with the Employer is not for a specific term and maybe terminated by me or the Employer with our without notice or cause at any time. I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employers Employee Handbook or any personnel manuals) constitute an employment contract or modification of the at-will employment relationship between me and the Employer.

I understand that any employment offer is contingent upon successfully completing a pre-employment drug test.

I acknowledge that this application will remain active for 60 days from this date. If I have not heard from the Organization at the conclusion of this 60-day period, it is my responsibility to complete a new application if I still wish to be considered for employment by the Organization.

_____ / ____ / _____
Signature Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize representatives of Directions for Mental Health, Inc. to contact references listed by me in the application for employment, internship or volunteer position. Also to contact any other person, agency or organization concerning my professional background, character, qualifications, driving record, or criminal history as a prerequisite to serving in a professional capacity with Directions for Mental Health, Inc.

I hereby agree to hold Directions for Mental Health, Inc. employees, agents, representatives and any person or organization answering their inquiries about my qualifications, education, professional activities and experience, character, driving record and criminal history harmless from any claims by me for any statements which they make concerning me.

I agree that a copy of this authorization shall be sent or provided verbally to those references listed in the application, together with a request for information concerning me and my background, in order that the people writing or providing verbal references may be free to express their honest opinion about my abilities, experiences, education and other background history to the representatives of Directions for Mental Health, Inc. who are considering my application.

I understand that Directions for Mental Health, Inc. reserves the right to complete background checks, including but not limited to, references, character, qualifications, driving record and criminal history at any time during my course of employment, internship or volunteer status, or to reverify information previously received and to act upon such information as appropriate.

Signature

_____/_____/_____
Date

**DISCLOSURE OF INTENT TO OBTAIN
CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS**

For employment purposes, Directions for Mental Health, Inc. may obtain consumer reports on you as an applicant or from time to time during employment. "Consumer Reports" are reports from consumer reporting agencies and may include driving records, criminal records, etc.

For such employment purposes, Directions for Mental Health, Inc. may also obtain investigative consumer reports. Some reference checks by a consumer reporting agency fall into this category. An "investigative consumer report" is a consumer report in which information as to character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, associates, acquaintances or others. You may have the right to request disclosure of the nature and scope of an investigation and to request a written summary of consumer rights.

If Directions for Mental Health, Inc. and/or its Designee provides me with all of the notices, reports, and information to which I am entitled under the Fair Credit Reporting Act, as outlined above, I agree that I will not file a lawsuit or any other type of legal challenge or claim against Directions for Mental Health, Inc. or its designee related to the investigation or use of consumer reports relating to my professional history. I hereby agree to release Directions for Mental Health, Inc. and/or its Designee from all liability of any and every sort for any act or omission any of them might commit in relation to the investigation or use of reports relating to my personal history.

AUTHORIZATION

I authorize Directions for Mental Health, Inc. to obtain consumer reports and /or investigative consumer reports regarding me from time to time for employment purposes.

Signature: _____ Date: ____/____/____

Print Name: _____