SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Addendum to Employment Application
Please Read and Sign Below

I certify that the facts set forth in my Application of Employment, in my resume and in the other materials I have submitted are true and complete. I understand that any false, misleading or incomplete information may result in disqualification from employment with SCCMHA or in dismissal from employment if an offer of employment has been made and accepted.

I hereby authorize SCCMHA to contact all my former and current employers, educational institutions, relevant Office of Recipient Rights, and the other references I have provided regarding me and my performance record and work, academic and/or military experience.

I hereby authorize my current and former employers, and the Office of Recipient Rights, to disclose to SCCMHA all requested information, including but not limited to, any information concerning any unprofessional conduct by me, and to make available to SCCMHA copies of all documents maintained in my personnel or other records, including but not limited to, documents relating to any unprofessional conduct by me.

I also hereby release SCCMHA and its employees and agents, and all of my former and current employers, educational institutions, Office of Recipient Rights, and the other references I have provided, from any and all liability and damages for releasing in good faith, or using, information concerning me and my performance record and work, academics and/or military experience. I also hereby waive any right under the Bullard-Plawecki Right to Know Act, 1978 PA 397, to receive written notice from SCCMHA and my former or current employer, or the Office of Recipient Rights, that disciplinary reports, letters of reprimand, or other disciplinary action taken against me while employed, will be or have been disclosed to a third person or entity.

I also understand that SCCMHA may conduct or have conducted by an individual or entity of its choice, a Driver's License Report through the Michigan Department of State, as well as a conviction-only criminal background history search on me. I hereby consent to this search being conducted and to the disclosure of the results of that search by the individual or entity conducting the search to SCCMHA. I further hereby release the individual or entity conducting the search, SCCMHA, and its employees and agents, from any liability, claims and damages, including but not limited to, claims for releasing or using any information revealed as a result of this search. I also understand and acknowledge that criminal convictions may result in disqualification from employment with SCCMHA or in dismissal from employment if any offer of employment has been made and accepted.

I hereby consent to having a physical examination and/or test (s) conducted by a physician or other professional of SCCMHA's choice, and understand that any offer of employment is conditioned upon the results of this examination (s) and/or test (s). I further agree to submit to a pre-employment drug screen, and I understand that the present use of illegal drugs and/or substances will disqualify me from employment with SCCMHA.

_____ _____

Print Name Social Security Number

_____ _____

Signature Driver's License Number

_____

Address

_____

City State Zip Code

500 Hancock St. * Saginaw, MI * 48602-4292 * Phone (989) 797-3472 * Fax (989) 793-3384