



SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

EMPLOYMENT APPLICATION

Saginaw County Community Mental Health Authority is an Equal Opportunity Employer

A person with a disability or handicap requiring accommodation for completing the application process should notify the Human Resource Office at (989) 797-3472 as soon as possible.

Saginaw County Community Mental Health Authority (SCCMHA) is an Equal Opportunity Employer. It is the policy of SCCMHA to afford equal employment opportunity regardless of race, religion, color, national origin, sex, age, marital or familial status, height, weight, disability or handicap. Michigan law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

PERSONAL INFORMATION

Date of Application

Name (first, middle, last)

Present Address (street, city, state, zip code)

Home Telephone (or number you can be reached at)

Business Telephone

Social Security Number

Position Applied For

Date Available For Employment

Are you interested in: Full-time Work _____ Part-time Work _____ Temporary _____

EDUCATIONAL HISTORY

Circle highest grade completed **Grade School** **High School** **College**
1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8

High School _____ GED _____

Schools attended other than High School	Location (State)	Dates Attended From – To	Course or Major Studied	Degree Received
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

License or Certification: (State and License Number)

ADDITIONAL INFORMATION

- 1. Are you at least 18 years old? Yes _____ No _____
- 2. Have you ever been convicted of a felony, which has not been annulled, expunged or sealed by the court?
(A "Yes" answer will not automatically disqualify you.)

Yes _____ No _____

Are there any felony charges pending against you?

Yes _____ No _____

If yes to either question above, please explain conviction: when, where and disposition:

Under what name: _____

- 3. Have you previously been employed by SCCMHA?

Yes _____ No _____ If yes, when: _____ what position: _____

Under what name: _____

- 4. Have you submitted an application to SCCMHA before? Yes _____ No _____

If yes when: _____ for what position: _____

Complete the following only if the position requires a driver's license:

Drivers license number: _____

Has your driver's license ever been revoked or suspended? Yes _____ No _____

If yes, for what reason: _____

List any moving violations during the last three (3) years: _____

MILITARY HISTORY (Armed Forces of the United States or State Militia Only)

Branch Date entered Date discharged

Rank at discharge Reserve status

Special training received

EMPLOYMENT HISTORY

List below, beginning with the most recent, all present and past employment.

Company name	Company address	Phone Number
		(from) _____ (to) _____
Position held/Job title	Dates of employment	
Name and title of immediate supervisor		<input type="checkbox"/> Can we contact
Reason for leaving		Final salary
Brief description of duties		

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		(from) _____ (to) _____
Position held/Job title	Dates of employment	
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Reason for leaving		Final salary
Brief description of duties		

REFERENCES: Please provide the names of three personal references not related to you, who have know you for more than one year.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

In case of emergency, contact: _____

Address: _____

Phone: _____

Please initial next to each to acknowledge having read and understood the statement.

1. _____ I affirm that the information provided on this application (and accompanying resume and notes, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions – oral or written – may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date.
2. _____ I authorize this company to investigate all statements contained in this application, including records of any former employers, police departments, and other references or sources concerning me. I authorize all such references and sources (and SCCMHA) to release this information without liability for damage incurred in giving it. I waive any written notice of the release of such records that may be required by state or federal law.
3. _____ I understand that a test for illegal use of drugs and/or substances is part of the application process.
4. _____ I hereby attest that I am presently not using any illegal drugs and/or substances.
5. _____ I understand that any job offer will be contingent on the satisfactory result of a post-offer medical examination.
6. _____ I understand that new employees must complete a six-month probationary period. Probationary employees may be discharged without access to any appeal procedure.

The Immigration Reform and Control Act of 1986 states that employers must require all persons hired to submit documents to the employer showing their identity and their right to be lawfully employed in the United States. It also requires that the employee complete and sign a government form to this effect.

If you are offered a position by SCCMHA, you will need to furnish documents for inspection that verify your identity and indicate that you are legally permitted to work in the United States. Documents that are acceptable include your driver's license, or state issued I.D., and your Social Security card or birth certificate.

These documents must be provided within three (3) working days of employment. If the original documents are not available, you must submit proof that you have applied for the required documents.

Date: _____ Signature: _____