



APPLICATION FOR EMPLOYMENT

*St. Clair County Community
Mental Health Authority*
3111 Electric Avenue
Port Huron, Michigan 48060
(810) 985-8900

INSTRUCTIONS: Answer all questions. Questions may be job-related or required by state or federal law, depending upon the type of job for which you are applying. Your answers will not be considered unless the information is related to the job for which you are applying. St. Clair County Community Mental Health Authority is an Equal Opportunity Employer.

FOR HUMAN RESOURCE DEPARTMENT USE ONLY

REQUISITION	DATE	REQUISITION	DATE	REQUISITION	DATE	REQUISITION	DATE

Last Name	First	Middle	Military Service: <input type="checkbox"/> Yes <input type="checkbox"/> No
Number and Street			Branch of Service From _____ To _____
City		State	Zip Code
Did you receive an Honorable Discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Home Phone:	Social Security Number		Driver's License Number State _____
Other:	-- --		
Have you ever been employed under a name other than the name you now use? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what was it?		When did you change?	
Have you ever been fired from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, explain: _____
Have you ever been employed by this County? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date worked: _____ Department: _____			
Do you have a reliable means of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been convicted of a crime other than a minor traffic violation in the last seven (7) years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are there any felony charges pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(A 'yes' answer does <i>not</i> automatically disqualify you.) If yes, explain: _____			

WORK HISTORY: List your previous experience beginning with your most recent position (include military service, if applicable).

Start Date / /	Employer Name	Starting Position	Starting Salary \$	Major Duties:
Date Left / /	Address	Final Position	Current Salary \$	
List Two Management References:	1) Name/Title Phone _____	2) Name/Title Phone _____	Reason for leaving	

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COMPLETE ALL QUESTIONS BELOW. THEY ARE **NOT** USED TO DECIDE IF YOU WILL BE HIRED.
THEY ARE ASKED ONLY TO SATISFY EQUAL EMPLOYMENT OPPORTUNITY LAWS.

<p>Check the one box that applies to you.</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">Male</td> <td style="text-align: center;">Female</td> </tr> <tr> <td>Caucasian</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>African American</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Spanish American</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>American Indian</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Asian American</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Multiracial</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Male	Female	Caucasian	<input type="checkbox"/>	<input type="checkbox"/>	African American	<input type="checkbox"/>	<input type="checkbox"/>	Spanish American	<input type="checkbox"/>	<input type="checkbox"/>	American Indian	<input type="checkbox"/>	<input type="checkbox"/>	Asian American	<input type="checkbox"/>	<input type="checkbox"/>	Multiracial	<input type="checkbox"/>	<input type="checkbox"/>	<p>How did you find out about this job? Check below.</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Job Announcement</td> <td style="width: 50%;"><input type="checkbox"/> Just walked in to Personnel Office</td> </tr> <tr> <td><input type="checkbox"/> Newspaper Ad</td> <td><input type="checkbox"/> Group or Organization</td> </tr> <tr> <td>Which newspaper? _____</td> <td>Which one? _____</td> </tr> <tr> <td><input type="checkbox"/> County Employee</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Michigan Employment Security Commission</td> <td>Explain: _____</td> </tr> </table>	<input type="checkbox"/> Job Announcement	<input type="checkbox"/> Just walked in to Personnel Office	<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Group or Organization	Which newspaper? _____	Which one? _____	<input type="checkbox"/> County Employee	<input type="checkbox"/> Other	<input type="checkbox"/> Michigan Employment Security Commission	Explain: _____
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WORK HISTORY: (continued)

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EDUCATION AND TRAINING

High School and Address	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you in high school now? <input type="checkbox"/> Yes <input type="checkbox"/> No Highest grade completed: _____	High School Subjects Relevant to Job Desired		
College or University and Address	Credits Completed	Type of Degree (B.A., etc.)	Major and Credits	Minor and Credits
Business, Trade, Vocational School and Address	Type of Degree or Certificate Received		Subjects or Course of Study	

I understand and agree that:

- Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
- It is my understanding that St. Clair County Community Mental Health Authority will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Community Mental Health and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal. I specifically waive written notice from former employers.

I further understand that this is an application for employment and that no employment contract is being offered.
 I understand that if I am employed, such employment is for an indefinite period of time.
 I have read and understand the above.
 I certify that all statements made in this application for employment are true, complete and correct to the best of my knowledge and belief.
 I understand that as a prospective employee I am being made aware that under P.A. 317 of 1968 certain situations may give rise to my having a conflict of interest and compliance with that act is required. (Information about P.A. 317 of 1968 is available upon request). R330.2067(g)

SIGNATURE _____ DATE SIGNED _____

COMPLETE ALL QUESTIONS BELOW. THEY ARE **NOT** USED TO DECIDE IF YOU WILL BE HIRED.
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Last Name	First	Middle	Positions applied for:
Age	Date of Birth		
Today's Date			
Are you a Veteran with an Honorable Discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No			