

Are you authorized to work in the United States? Yes No

(If hired, you will be asked to furnish documents to establish identity and eligibility to work in the U.S. within 3 days of your employment date.)

If you are under the age of 18, can you provide proof of your eligibility to work? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify you from employment and will only be considered in relation to specific job requirements.

If yes, please explain: _____

Education

	Name & Address of School	Course of Study	Years Completed	Graduated? (Yes or No)	Type of Degree Earned: Diploma or Certificate
High School					
Technical Training					
College					
Other (i.e. Professional Certifications)					

Language

Foreign Language	Read? (Y or N)	Speak? (Y or N)	Write? (Y or N)

Computer Skills

Software	Languages	Hardware

Employment History

Please start with present employment and work backwards. Please list all previous employment.
(Required even if resume is attached)

<i>Name of Employer</i>	<i>Business Telephone No.</i>	<i>Employment Date</i>	<i>Termination Date</i>
<i>Address</i>	<i>Position Held</i>	<i>Supervisor's Name</i>	
<i>Description of Job Duties:</i>			
<i>Reason for Leaving</i>	<i>Base Salary-Starting</i>	<i>Base Salary Ending</i>	<i>Bonus</i>

<i>Name of Employer</i>	<i>Business Telephone No.</i>	<i>Employment Date</i>	<i>Termination Date</i>
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<i>Description of Job Duties:</i>			
<i>Reason for Leaving</i>	<i>Base Salary-Starting</i>	<i>Base Salary Ending</i>	<i>Bonus</i>

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<i>Description of Job Duties:</i>			
<i>Reason for Leaving</i>	<i>Base Salary-Starting</i>	<i>Base Salary Ending</i>	<i>Bonus</i>

<i>Name of Employer</i>	<i>Business Telephone No.</i>	<i>Employment Date</i>	<i>Termination Date</i>
<i>Address</i>	<i>Position Held</i>	<i>Supervisor's Name</i>	
<i>Description of Job Duties:</i>			
<i>Reason for Leaving</i>	<i>Base Salary-Starting</i>	<i>Base Salary Ending</i>	<i>Bonus</i>

May we contact the employers listed above? Yes No

If not, indicate which one(s) you do **not** wish us to contact: _____

Military Service

If you served in the U.S. Armed Forces, please indicate:

Branch of Service _____ Rank at discharge: _____

Dates of Service: _____

Describe your skills or training applicable to the position for which you are applying: _____

Professional References

Please list the names of three people not related to you, whom you have known at least one year.

Name	Address	Telephone No.	Employer & Title	Type of Acquaintance

Relatives

Please list relatives employed at Sanilac County Community Mental Health.

Name	Job Title (Please indicate if officers)	Location	Relationship to you

Driving Record

Driving record will be considered only when driving for company business is a job requirement.

Current Driver's License No.	State	Has your driver's license ever been suspended or revoked? (If yes explain) <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous License No.	State	Have you had any moving violations within the last 5 years? (If yes, explain)

Company Procedure (Please read thoroughly)

As part of our normal procedure in processing applications, a routine inquiry may be made concerning your background, former employers, school record office and personal, school and employment references may be contacted to verify and obtain information concerning your background, qualifications, school and work records. You may be asked to sign another form authorizing the release of school records or to supply grade transcripts. Information gathered about your background and qualifications will be used to help make a fair employment decision. This information will only be available to those participating in this decision or those who process employment applications. As part of this investigation, a check of criminal records will also be conducted. Further information such as the name of the consumer reporting agency or the nature and scope of such inquiry, if one is made, is available to you upon written request.

Authorization

I hereby authorize Sanilac County Community Mental Health and its agents to conduct all pre-employment inquiries and tests as described. I further authorize Sanilac County Community Mental Health and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorization forms, I release Sanilac County Community Mental Health, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment with Sanilac County Community Mental Health and a photocopy is as effective as the original.

I understand all offers of employment are conditional upon satisfactory reference checks and successful completion of all pre-employment tests and production of documents necessary for Sanilac County Community Mental Health to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

I specifically waive any right to be notified under Section 6 of the Michigan Bullard-Plawecki Act of the release of personnel file information by Sanilac County Community Mental Health to subsequent or prospective employers.

I certify that the information that is provided in this application is true and complete to the best of my knowledge. In the event of employment, I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal and loss of all employee benefits and privileges. I further understand and agree that Sanilac County Community Mental Health shall not be liable in any respect if my employment is so denied or terminated.

I understand I will be required to certify compliance with Sanilac County Community Mental Health's recipient rights and confidentiality policies each year I am employed. I understand these fundamental standards are universal to the proper conduct of business with Sanilac County Community Mental Health. I further understand and agree that failure to certify or comply with these fundamental standards is grounds for disciplinary action, up to and including immediate termination. I understand smoking is prohibited throughout the workplace, including leased and rented property and agency or lease d vehicles and I agree to comply with this policy.

I understand the acceptance of this application by Sanilac County Community Mental Health neither expresses nor implies I will be given employment. I further hereby expressly agree that my employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either Sanilac County Community Mental Health, or myself, except as provided in any applicable collective bargaining agreement or individual written agreement signed by the Board Chairman and the Executive Director. I further understand and agree that no officer, agent or representatives of Sanilac County Community Mental Health, has any authority to enter into any agreement for employment for any specific period of time or to make an agreement contrary to the foregoing. Any agreement contrary to the foregoing must be made in writing and signed by me, the Sanilac County Community Mental Health Board Chairman, and the Executive Director.

In consideration of my employment, I will agree to abide by all policies of Sanilac County Community Mental Health.

Applicant's Signature: _____ Date: _____

**FAIR CREDIT REPORTING ACT:
DISCLOSURE AND AUTHORIZATION STATEMENT**

To All Applicants for Employment *(Please Read Carefully Before Signing Below)*

In processing my application for employment, I understand Sanilac County Community Mental Health may obtain a consumer report and investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens, and any information about my criminal conviction background consistent with state and federal laws.

I understand that upon written request to Sanilac County Community Mental Health, I will be informed whether an investigative consumer report through a consumer reporting agency was requested. I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others with whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize Sanilac County Community Mental Health to obtain a consumer report and an investigative consumer report on me as part of Sanilac County Community Mental Health 's pre-employment background and investigation process. If I am offered employment at Sanilac County Community Mental Health, I further authorize Sanilac County Community Mental Health to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is a valid as the original.

Name *(please print)*

Signature

Date signed