



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

A pre-employment drug test will be conducted

If you need reasonable accommodations to ensure your full participation in completing this application, please advise any of our staff.

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Last Name	First	Middle	Date:
Street Address:			Home Phone: ()
City	State	Zip Code	Business Phone: ()
Position(s) Desired:			Social Security Number:
Have you been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No			When would you be available to begin work? _____
If yes, give dates: _____ Location: _____			
How did you hear of this position?			

THE FOLLOWING QUESTIONS MAY REQUIRE ADDITIONAL INFORMATION. ATTACH IF NECESSARY.

Have you ever been convicted of a felony? Yes No If yes, please explain. If you have been convicted of a felony it does not mean that you automatically will not be considered for a position.

Have you ever received a job-related disciplinary action or been fired? Yes No

If yes, please explain: _____

State standards require employees who work with mentally ill adults and children to be at least 18 years of age. Are you at least 18 years of age? Yes No

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School	Name and Location of School	Dates Attended	Course of Study	Number of Years Completed	Did you Graduate?	Degree or Diploma	Date Received
Graduate					<input type="checkbox"/> Yes		
					<input type="checkbox"/> No		
College					<input type="checkbox"/> Yes		
					<input type="checkbox"/> No		
Business Trade Technical					<input type="checkbox"/> Yes		
					<input type="checkbox"/> No		
High School					<input type="checkbox"/> Yes		
					<input type="checkbox"/> No		

EMPLOYMENT

This information must be completed even if a resume is submitted.

Begin with your present or most recent job and list your work experience with emphasis on experience that is relevant to the position you are applying for. Include military service and any volunteer work which has provided experience that would help you qualify. If the block provided below is not an adequate amount of space, you may respond to this section on a separate sheet of paper. Describe your duties in detail (job title, knowledge, skills, abilities required, employees supervised, and accomplishments).

1	Company Name	Telephone ()
	Address	Employed (State month and year) From To
	Name of Supervisor	Highest Salary
	State Job Title and Describe Your Work	Reason for Leaving
2	Company Name	Telephone ()
	Address	Employed (State month and year) From To
	Name of Supervisor	Highest Salary
	State Job Title and Describe Your Work	Reason for Leaving
3	Company Name	Telephone ()
	Address	Employed (State month and year) From To
	Name of Supervisor	Highest Salary
	State Job Title and Describe Your Work	Reason for Leaving
4	Company Name	Telephone ()
	Address	Employed (State month and year) From To
	Name of Supervisor	Highest Salary
	State Job Title and Describe Your Work	Reason for Leaving

We will contact the employers listed above unless you indicate those you do not want us to contact.

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List any skills that would help qualify you for this position (i.e. machines you can operate: computer, typewriter, calculator, computer programs you know, etc.)

List any special licenses, registrations or training, including seminars and workshops, which help you qualify for the position.

Please list three additional work references

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

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The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I hereby authorize the Center for Mental Health to contact prior employers to obtain any and all information related to my past work performance. I authorize all former employers to release job-related information they may have about me to the Center for Mental Health. I release all persons or companies from any liability or responsibility for providing such information.

_____ Date

X _____
Signature

EQUAL EMPLOYMENT OPPORTUNITY DATA COLLECTION FORM

The following information is used to statistically determine if the Center's selection procedures are adversely affecting employment opportunities. The survey information will be kept confidential, used only for computerized statistical reports and other lawful uses. Analysis of the information you and others provide will be used to monitor recruitment and selection practices.

This information is **voluntary** and confidential.
It will not be considered in evaluating your application.

Last Name:

First Name:

Middle Name:

SEX: Female Male

ETHNICITY: Select one of the following categories of which you identify:

- WHITE.** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- BLACK.** (Not of Hispanic origin) All persons having origins in any of the black racial groups of Africa.
- HISPANIC.** All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- ASIAN OR PACIFIC ISLANDER.** All persons having origins in any of the original peoples of the Far East, Indian.
- AMERICAN INDIAN OR ALASKAN NATIVE.** All persons having origins in any of the original peoples of North America.

EMPLOYEE BACKGROUND INVESTIGATION POLICY

Applicants for employment with the Center are subject to reference checks with former employers and/or managers. Educational credentials are subject to verification. Applicants for positions of trust over children, vulnerable adults or persons with disabilities must have criminal background checks. Applicants that will transport clients will have their Motor Vehicle Records inspected.

Any offer of employment or appointment to a position is contingent upon a satisfactory criminal background and Motor Vehicle Records check.

Any decision to accept or reject an individual with a conviction or pending indictment is solely at the discretion of the Center for Mental Health. (All related information will be treated as confidential, and protected as such.)

The decision to reject or terminate an individual with an unreported conviction or pending indictment is solely at the discretion of the Center for Mental Health.

All results of criminal and sex and violent offender convictions or issues are considered confidential and will be maintained in confidential files within the Human Resources area.

Only individuals in Human Resources, who are authorized to do so, may initiate or receive a criminal background check. Information gained from any of the above background checks will be held in confidence and shared with management individuals only on a need-to-know basis.

An Authorization for Employment Criminal Background Investigation must be completed and returned to Human Resources before a new employee can start work.



Authorization for Pre-Employment Criminal Background Investigation

Full Legal Name:

(Please Print)

Last

First

Middle Initial

If applicable, other names used during past five years: _____

SSN#: _____

Date of Birth: _____

Current Address: _____

Position Applying For: _____

Department: _____

City and State:	Dates Resided:

By signing this form, I authorize the Center for Mental Health (CMH) to access and review state and federal criminal history records and make reasonable efforts to determine whether I have been convicted of, or are under pending indictment for, a crime that bears upon my fitness to be employed or volunteer for a position of trust over children, vulnerable adults or persons with disabilities. I understand that failure to provide complete and accurate information will be cause for disqualification / termination of employment.

I do hereby release CMH, all persons, organizations, or government agencies, from any damages of, or resulting from, furnishing such information.

I have been provided with a copy of this form. I have read and understood the foregoing and my certification is true and correct to the best of my knowledge and belief.

Signature: _____

Date: _____

Please submit this signed form directly to:

Human Resources Manager, CMH, P O Box 3089, Great Falls, MT 59403