



EMPLOYMENT APPLICATION

All Sections *must* be completed. If not applicable answer N/A DO NOT answer "see resume".

| | |
|-----------------|---|
| PERSONAL | NAME _____ DATE _____ <i>(Last) (First) (M.I.)</i> |
| | ADDRESS _____ <i>(No. & Street) (City) (State) (Zip)</i> |
| | PHONE NUMBER _____ <i>(Home) (Other)</i> |

| EDUCATION | Name & Location (City & State) | Dates Attended | | Graduate | | Diploma Degree Certificate | Course Major | # of Credits Earned |
|-----------------------------------|-----------------------------------|----------------|----|----------|----|----------------------------------|-----------------|---------------------------|
| | | From | To | Yes | No | | | |
| | High School | | | | | | | |
| | College | | | | | | | |
| | Graduate Work | | | | | | | |
| Business/Trade Technical/Other | | | | | | | | |

| LIST PRESENT OR MOST RECENT EMPLOYMENT FIRST | |
|---|------------------------------------|
| EMPLOYMENT HISTORY | 1. |
| | (Name of Business or Organization) |
| | (City) (State) |
| | (Position / Title) |
| | (Starting Date) (Ending Date) |
| | (Reason for Leaving) |
| | 3. |
| | (Name of Business or Organization) |
| | (City) (State) |
| | (Position / Title) |
| (Starting Date) (Ending Date) | |
| (Reason for Leaving) | |
| 2. | |
| (Name of Business or Organization) | |
| (City) (State) | |
| (Position / Title) | |
| (Starting Date) (Ending Date) | |
| (Reason for Leaving) | |
| 4. | |
| (Name of Business or Organization) | |
| (City) (State) | |
| (Position / Title) | |
| (Starting Date) (Ending Date) | |
| (Reason for Leaving) | |

| | | | | | | | | | | |
|----------------------------|--|------------------|--------------|------------------|------|--------------|--------------|------|--------------|--------------|
| POSITION | Position applying for _____ | | | | | | | | | |
| GENERAL INFORMATION | <p>1. Have you ever been employed by MHA? Yes ____ No ____ If yes, when? _____</p> <p>2. Do you have a valid PA Driver's License? Yes ____ No ____</p> <p>3. Do you have computer experience? Yes ____ No ____ _____</p> <hr/> <p>4. Other skills, trades, or qualifications (please specify below)</p> <p>_____</p> <p>_____</p> <p>5. Do you have any relatives employed at MHA? Yes ____ No ____ (If yes, please identify below)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">Relative's name</td> <td style="width: 30%; border-bottom: 1px solid black;">Relationship</td> <td style="width: 30%; border-bottom: 1px solid black;">Title/Department</td> </tr> </table> <p>6. How were you informed about the job opening? _____</p> | Relative's name | Relationship | Title/Department | | | | | | |
| Relative's name | Relationship | Title/Department | | | | | | | | |
| REFERENCES | <p>(Other than relative or employer)</p> <p>1. _____</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">Name</td> <td style="width: 30%; border-bottom: 1px solid black;">Relationship</td> <td style="width: 30%; border-bottom: 1px solid black;">Phone Number</td> </tr> </table> <p>2. _____</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">Name</td> <td style="width: 30%; border-bottom: 1px solid black;">Relationship</td> <td style="width: 30%; border-bottom: 1px solid black;">Phone Number</td> </tr> </table> <p>3. _____</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">Name</td> <td style="width: 30%; border-bottom: 1px solid black;">Relationship</td> <td style="width: 30%; border-bottom: 1px solid black;">Phone Number</td> </tr> </table> | Name | Relationship | Phone Number | Name | Relationship | Phone Number | Name | Relationship | Phone Number |
| Name | Relationship | Phone Number | | | | | | | | |
| Name | Relationship | Phone Number | | | | | | | | |
| Name | Relationship | Phone Number | | | | | | | | |
| CERTIFICATION | <p>I hereby certify that the information provided by me on this application and other documents I offer for employment application to the Mental Health Association is true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application or such documents shall be considered sufficient cause for dismissal. You are hereby authorized to investigate the information I have provided. You are also authorized to conduct a criminal background check.</p> <p>Applicant's Signature _____ Date _____</p> <p style="text-align: center;">MHA IS AN EQUAL OPPORTUNITY EMPLOYER AND PROHIBITS HIRING DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGIOUS CREED, DISABILITY, ANCESTRY, NATIONAL ORIGIN, AGE OR SEX. EMPLOYMENT OPPORTUNITIES SHALL BE PROVIDED FOR APPLICANTS WITH DISABILITIES AND REASONABLE ACCOMMODATIONS SHALL BE MADE TO MEET THE PHYSICAL OR MENTAL LIMITATIONS OF QUALIFIED APPLICANTS OR EMPLOYEES.</p> | | | | | | | | | |