

Centennial Mental Health Center, Inc.
Application for Employment

Employment History

Dates Employed From _____ To _____ (Month and Year)
Employer _____ Job Title _____
Phone _____ Address _____
Supervisor _____ Supervisor Title _____
Reason for Leaving _____
Starting Pay _____ Per _____ Ending Pay _____ Per _____
Summarize Duties _____

May we contact for a reference? Yes No

Dates Employed From _____ To _____ (Month and Year)
Employer _____ Job Title _____
Phone _____ Address _____
Supervisor _____ Supervisor Title _____
Reason for Leaving _____
Starting Pay _____ Per _____ Ending Pay _____ Per _____
Summarize Duties _____

May we contact for a reference? Yes No

Dates Employed From _____ To _____ (Month and Year)
Employer _____ Job Title _____
Phone _____ Address _____
Supervisor _____ Supervisor Title _____
Reason for Leaving _____
Starting Pay _____ Per _____ Ending Pay _____ Per _____
Summarize Duties _____

May we contact for a reference? Yes No

If applicable, comment on your experience including an explanation of any gaps in employment.

Centennial Mental Health Center, Inc.

Application for Employment

Educational Background

List the last three schools attended, starting with the most recent. Include dates attended (including month and year), degree earned (if any), grade point average, and field major.

Name of School	Dates attended	Degree Earned	GPA	Major

References

List the name and telephone number of three or four business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Relationship	Telephone	Years Known

Associations/Offices Held

List professional trade, business, or civic associations and any offices held.

Organization	Office Held	Years

Skills/Qualifications/Additional Information

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying, as well as list any other pertinent information you would like us to consider.

Centennial Mental Health Center, Inc.

Application for Employment

I understand that if I am employed, any misrepresentation of material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from Centennial Mental Health Center's service, whenever it is discovered.

I give Centennial Mental Health Center the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability, Centennial Mental Health Center, and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

Centennial Mental Health Center does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is Centennial Mental Health Center's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

If submitting a hard copy:

My signature represents and warrants that I have read and fully understand the foregoing and seek employment under these conditions.

If submitting electronically:

My typed name and submission of this form via e-mail represents and warrants that I have read and fully understand the foregoing and seek employment under these conditions.

Printed Applicant Name _____

Signature/Typed Authorization _____

Date _____

