

EDUCATION

List below your educational background, including high school, all colleges, trade and military service schools.

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (City/State and Phone #)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Graduate School				
Trade School				
Professional School				

Special Honors:

COMPUTER SKILLS

Check off those computer skills with which you are proficient (any version)

PC
 EHR User
 Windows
 Microsoft Word
 Microsoft Excel
 Email
 Internet
 Other, please list. _____

PROFESSIONAL LICENSURE

License Type #1: _____

License Number _____ State of Issue _____ Expiration Date _____

License Type #2: _____

License Number _____ State of Issue _____ Expiration Date _____

Have you had any disciplinary action taken against you? Yes No

If yes, please explain: _____

DRIVER'S LICENSE

Do you hold a valid driver's license that has been continuously in good standing for the last 7 years? Yes No

Driver's License Number: _____ State of Issue _____ Expiration Date _____

Do you currently have automobile insurance? Yes No

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years? Yes No How many? _____

MILITARY

Are you a veteran of the United States military service? Yes No If yes, what branch? _____

If yes, Date Entered: _____ Date Discharged: _____

If yes, please describe any special skills or training acquired while in the service:

OTHER SPECIAL SKILLS

Please list other special skills you may have, e.g., fluency in other languages, licenses, special training required for the position for which you are applying, etc.

WORK EXPERIENCE

Please list your work experience beginning with your **most recent** job. In "Duties" give a brief overview of your position – do not indicate "See Resume". If you were self-employed, give firm name. Attach additional sheets if necessary.

Employer: _____ Supervisor Name: _____
Job Title: _____ Address: _____
Dates Employed From: ____/____/_____
Dates Employed To: ____/____/_____
Duties: _____
Starting Rate of Pay: _____
Ending rate of Pay: _____
Reason for Leaving: _____

Employer: _____ Supervisor Name: _____
Job Title: _____ Address: _____
Dates Employed From: ____/____/_____
Dates Employed To: ____/____/_____
Duties: _____
Starting Rate of Pay: _____
Ending rate of Pay: _____
Reason for Leaving: _____

Employer: _____ Supervisor Name: _____
Job Title: _____ Address: _____
Dates Employed From: ____/____/_____
Dates Employed To: ____/____/_____
Duties: _____
Starting Rate of Pay: _____
Ending rate of Pay: _____
Reason for Leaving: _____

REFERENCES

Please list at least two references other than relatives or previous employers.

Name: _____ Phone: (_____) _____

Company: _____ Email: _____

Occupation: _____

Name: _____

Company: _____

Occupation: _____

Phone: (_____) _____

Email: _____

Name: _____

Company: _____

Occupation: _____

Phone: (_____) _____

Email: _____

WAIVERS AND DISCLOSURES

AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contact of employment or a promise of future employment or benefits by this organization. I understand and agree that, if hired; my employment will be at-will in nature and may be terminated, with our without cause, with or without notice and at any time, by either myself or my employer. I further understand that if I become employed by the organization, I will not be guaranteed employment for any definite period of time. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete, and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge if later discovered.

NOTIFICATION AND AUTHORIZATION TO REQUIRE A MEDICAL EXAMINATION

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do the job. I understand that I may also be required to undergo a pre-employment or post-employment medical exam by the VFCMHC' designated health practitioner.

NOTIFICATION AND AUTHORIZATION TO CONTACT REFERENCES AND CONDUCT BACKGROUND INVESTIGATION

I understand that I may be subject to a background check, and hereby authorize Vera French Community Mental Health Center, or any of its affiliates, to investigate my background to determine any and all information of concern as to my record, whether the same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records, and credit history through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. I authorize and give permission for the individuals listed as references to provide written information and/or verbally discuss my background with Vera French Community Mental Health Center, or any of its affiliates.

This authorization, in original or copy form, shall be valid for this and any future reports and updates that may be required. I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

PLEASE SIGN HERE: _____ **DATE:** ____/____/____

VFCMHC, and its affiliates, is committed to the principle of equal opportunity employment. The VFCMHC does not discriminate on the basis of race, religion, color, national origin, age, sex, disability, sexual orientation, veteran's status or other characteristic protected by law in admission to, access to, or treatment in, or employment in its programs and activities. The following person has been designated to handle inquiries regarding the VFCMHC nondiscrimination policies: Director, Human Resources, Vera French Community Mental Health Center, 1441 W. Central Park Avenue, Davenport, IA 52804. Inquiries concerning the application of nondiscrimination policies may be also referred to: U.S. Office of Equal Opportunity and Civil Rights Commission at www.ed.gov.

