

# **APPLICATION FOR EMPLOYMENT**

Please print or type all information except signature.

Applicants for employment are considered without regard to race, religion, color, national origin, age, sex, disability, sexual orientation, veteran's status or other characteristic protected by law.

Date:		Position(s) Applied For:					
□ Full Time	□ Part-Time	□ Shift Work	□ Temporary □ 1 <sup>st</sup> Shift	□ 2 <sup>nd</sup> Shift	□ 3 <sup>rd</sup> Shift	□ No Preference	

# CNIEDAL INFORMATION

		GENE	KAL INI	ORIVIATION			
Referral Source – Plea	se mark how	you found out ab	out the J	position you a	re applying for:		
Newspaper	□Friend		_ 🗆 R	elative		_	
Internet Search		Professional Journ		rnal 🛛 🗆 Walk-in		DOther	
Name							
Last			First			Middle	
Address							
Numb	er	Street		City	Sta	ite	Zip
Telephone Number <u>(</u>	)		Email A	Address			
If under 18, can you p Have you ever been e Are you currently emp Are you a United State Can you travel if a job	mployed here bloyed?   Yes es citizen (pro	before? □ Yes □ No (If yes, of of citizenship c □ No (If no, c	□No may we or immig	If yes, give d contact your ration status n	ate employer?  Ye nay be required	es 🛛 No ) upon employ	 /ment)?
<b>CRIMINAL RECORD H</b>	STORY						
In the past seven years other than a minor tra- <b>and should be disclose</b> Do you have a record of Have you been exclude If yes, please explain (of employment. The date position(s) applied for	fic violation? ( d) If founded chil d from partici onvictions, loc of the offense	Example: speedin C or dependent ac C or dependent ac C of C of	g is cons es □ N lult abus es □ N icare, Me es □ N . Convict e offense	idered a minor No e in this state c No edicaid, or any e No ion will not nee , the surroundi	r violation; opera or any other state other Federal hea cessarily disqualif ing circumstances	n <b>ting while int</b> ? alth care prog	t <b>oxicated is major</b> ram? t from

I certify that answers given herein are true and complete to the best of my knowledge. I understand that false statements made on this application or incomplete information may eliminate me from further consideration for employment or may be grounds for dismissal.

Signature and date are required:

Signature

## 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	Trade School							
Professional School	Professional School							
Special Honors:								
COMPUTER SKILLS         Check off those computer skills with which you are proficient (any version)         PC       DEHR User       DWindows       DMicrosoft Word       DMicrosoft Excel         DEmail       DInternet       Other, please list.								
PROFESSIONAL LICENS	URE							
License Number		State of Issue	Expiration Date					
License Type #2:								
License Number		State of Issue	Expiration Date					
Have you had any discipl	inary action taken against	you? 🗆 Yes 🛛 No						
If yes, please explain: _								
DRIVER'S LICENSE								
Do you hold a valid drive	r's license that has been c	ontinuously in good stand	ing 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?								
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.

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://	Phone: ()
Duties:	Starting Rate of Pay:
	Ending rate of Pay:
Reason for Leaving:	
Employer:	Supervisor Name:
Job Title:	
Dates Employed From://	
Dates Employed To://	Phone: ()
Duties:	
	———— Ending rate of Pay:
Reason for Leaving:	
Employer:	Supervisor Name:
Job Title:	
Dates Employed From://	
Dates Employed To://	Phone: ()
Duties:	Starting Rate of Pay:
	Ending rate of Pay:
Reason for Leaving:	

## REFERENCES

Please list three non-family professional references including at least one former employer or supervisor.

Name:	Phone: ()
Company:	Email:
Occupation:	
Name:	
Company:	Phone: ()
Occupation:	Email:
Name:	Phone: ()
Company:	Email:
Occupation:	

## 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:		//	/
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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.

## Thank you for applying to Vera French Community Mental Health Center. APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, religion, color, national origin, age, sex, disability, sexual orientation, or veteran's status. As employers and government contractors, we comply with the government regulations and affirmative action responsibilities. Solely to help us comply with the government record keeping, reporting, and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation. The data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment.

Position(s) Applied For:							
Referral Source:  Referrad Source:  Referrad Source:  Referrad Source:  Referrad Sou	nd 🛛 Relat	tive 🛛 Employment Agency	□ Internet Search				
Professional Journal	□ Walk-In	□ Other:					
Name							
Last	Firs	t Mid	dle				
Address							
Number	Street	City State	Zip				
Telephone ()							
Affirmative Action Survey	Check One	Check One	Check any that apply				
Government agencies require periodic		Hispanic or Latino	Disabled				
reports on the sex, ethnicity, disability,	🗆 Male	□ White	□ Vietnam Era Veteran				
	□ Female	Black or African American	Disabled Veteran				
and veteran status of applicants.	□ Other:	□ Asian					
Submission of information about a		American Indian or Alaskan Native					
disability is voluntary. This data is for		Native Hawaiian or Pacific Islander					
analysis and affirmative action only.		□ Two or More Races					

# Special Employment Notice to disabled veterans, Vietnam Era veterans, and individuals with a physical or mental disability.

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information is treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below:

Signature\_