

**MENTAL HEALTH ASSOCIATION IN ORANGE COUNTY, INC.**

**APPLICATION FOR EMPLOYMENT**

Mental Health Association in Orange County, Inc. (MHA) is committed to a policy of equal employment and will not discriminate against an applicant based on their age, sex, pregnancy, sexual orientation, race, color, creed, religion, national origin or ancestry, citizenship, marital status, disability, victim of domestic violence, military or veteran status or any category protected under federal, state or local law, regulation or ordinance.

NAME - LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ BEST TIME TO CONTACT YOU: \_\_\_\_\_

ARE YOU RELATED TO ANYONE IN OUR EMPLOY or OUR BOARD OF DIRECTORS? YES  NO

IF SO, PLEASE PROVIDE THEIR NAME AND DEPARTMENT: \_\_\_\_\_  
\_\_\_\_\_

HOW DID YOU LEARN ABOUT US? \_\_\_\_\_

POSITION DESIRED: \_\_\_\_\_ DATE YOU CAN START? \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED: \_\_\_\_\_

MAY WE CONTACT YOUR CURRENT EMPLOYER? \_\_\_\_\_

HAVE YOU EVER APPLIED TO OR BEEN EMPLOYED BY THIS AGENCY BEFORE?  YES  NO

POSITION \_\_\_\_\_ WHEN? \_\_\_\_\_

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN WHO HAS THE LEGAL RIGHT TO WORK IN THE U.S.?  
YES  NO  *PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WITH PERMISSION TO WORK IN THE UNITED STATES WILL BE REQUIRED UPON EMPLOYMENT.*

ARE YOU CURRENTLY ON "LAY-OFF STATUS" AND SUBJECT TO RECALL?  YES  NO

ARE YOU NOW, OR HAVE YOU EVER BEEN REGISTERED IN A CHILD ABUSE REGISTRY CLEARINGHOUSE FOR NEW YORK OR ANY OTHER STATE?  YES  NO *The names of applicants who will have the potential for regular and substantial contact with children will be submitted to the New York State Central Register of Child Abuse and Maltreatment to determine if the applicant is the subject of an indicated report of child abuse or maltreatment.*

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  YES  NO *NOTE: This question does not apply to convictions which have been expunged, sealed, pardoned or otherwise exonerated or eradicated, or relate to a youthful offender conviction or violation. (A conviction record will not necessarily be a bar to employment. A conviction which is substantially related to the functions or qualifications of the position(s) for which you are applying may be taken into consideration.) If "YES", please describe fully the criminal conviction(s), listing the nature and date of the offense(s) and your rehabilitation since the conviction(s).*

\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE ANY PENDING CRIMINAL CHARGES IN ANY JURISDICTION?  YES  NO  
If YES, please provide the date, jurisdiction and status: \_\_\_\_\_

\_\_\_\_\_

ARE YOU APPLYING FOR A POSITION WHICH REQUIRES DRIVING?  YES  NO Please explain any driving related incidents, such as any suspension, revocation, or occurrence involving harm to human being or property while driving:

\_\_\_\_\_  
\_\_\_\_\_

*MHA will conduct a driver's license check prior to the start of employment to ensure insurability under Agency policies.*

EDUCATION	NAME OF SCHOOL	GRADUATED? YES / NO	SUBJECTS STUDIED AND/OR DEGREE
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

DESCRIBE ANY SPECIAL SKILLS, COMPLETED TRAINING/COURSES, RESEARCH OR PROFESSIONAL LICENSES WHICH MIGHT AID IN THE PERFORMANCE OF DUTIES OF THE POSITION FOR WHICH THE APPLICATION IS BEING MADE:

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? \_\_\_\_\_

READ \_\_\_\_\_ WRITE \_\_\_\_\_

**FORMER EMPLOYERS:** List all previous employers, starting with the most recent one first. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, nation origin, disabilities, or other protected characteristics.

*Please continue on a separate page if necessary*

DATE MONTH & YEAR	NAME, ADDRESS & TELEPHONE NUMBER OF EMPLOYER	POSITION AND RESPONSIBILITIES
From: To:		
Reason for leaving:		
Supervisor's Name:		
From: To:		
Reason for leaving:		
Supervisor's Name:		
From: To:		
Reason for leaving:		
Supervisor's Name:		
From: To:		
Reason for leaving:		
Supervisor's Name:		

ACTIVITIES RELATED TO THE POSITION YOU ARE APPLYING FOR (OTHER THAN RELIGIOUS, CIVIC, ATHLETIC, FRATERNAL OR ANY OTHERS THAT WOULD REVEAL PROTECTED CHARACTERISTICS AS SET FORTH ABOVE IN MHA'S APPLICATION STATEMENT): \_\_\_\_\_

DO YOU HAVE ANY PRIOR OR CURRENT EXPERIENCE AS AN EMPLOYEE, VOLUNTEER, OR CERTIFIED PROVIDER WITH ANY OTHER PROVIDER OF HUMAN SERVICES?  YES  NO

If "YES", please explain (you may refer back to the information provided above): \_\_\_\_\_

DO YOU HAVE ANY PRIOR OR CURRENT EXPERIENCE IN DIRECT CARE WORK RELEVANT TO THE POSITION FOR WHICH THE APPLICATION IS BEING MADE?  YES  NO

If "YES", please explain (you may refer back to the information provided above): \_\_\_\_\_

COMMENTS ABOUT PRIOR EMPLOYMENT (include explanation of any gaps in employment):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE ANY SPECIALIZED TRAINING AND/OR APPRENTICESHIP: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ARE YOU COMPUTER LITERATE?  YES  NO

Please list Computer Programs you are proficient in: \_\_\_\_\_

REFERENCES: Provide below the names of three professional references and two alternate references if available.

NAME	ADDRESS	PHONE #	BUSINESS	YEARS ACQUAINTED
1.				
2.				
3.				
4.				
5.				

In Case of Emergency, notify: \_\_\_\_\_

## APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that a material omission or a false or misleading answer to any question in the application process is grounds for immediate dismissal. I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand and acknowledge that Mental Health Association in Orange County, Inc. is authorized and may be required to request a check of my criminal history record information and review the results of such check in accordance with Section 845-b of the New York State Executive Law. I further acknowledge that I may be required to provide information, statements, and fingerprints as may be necessary for a criminal history record check. I understand that I have the right to obtain, review and seek correction of my criminal history record in accordance with regulations of the Division of Criminal Justice Services.

I understand that any offer of employment will be conditioned upon the satisfactory results of a criminal background check (including fingerprinting if required for the position), receipt of satisfactory references and other criteria as determined by the position for which I am applying.

In the event of employment, I understand that I am required to review all rules and regulations of Mental Health Association in Orange County, Inc. I further understand that Mental Health Association in Orange County, Inc. may modify such rules and regulations from time to time at its sole discretion.

I understand that all positions within Mental Health Association in Orange County, Inc. strictly prohibit the use of illegal drugs and/or alcohol while in the workplace.

I understand and acknowledge that, unless otherwise defined by applicable law, my employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and Mental Health Association in Orange County, Inc. may discharge the Employee at any time with or without cause, or with or without notice.

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**Applicant's Signature**

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**Date**

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**Driver's License Number**

Please provide if required for the job you are applying