

Hiawatha Behavioral Health

Employment Application

Personal Information				
Last Name	First Name	Middle Name	Date of Application	
Street Address		City	State	Zip Code
Cell Phone		Are you a United States Citizen or legally eligible to work in the U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Phone		<i>(If hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>		
Email:				
Are you 18 or over and possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number		
Desired Position			Date Available to Work	
Are there certain days or hours you are unable to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list day(s) and time(s).			Type of Employment <input type="checkbox"/> Full time <input type="checkbox"/> Part time	
Are you able to perform the tasks of this job with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, which tasks would you be unable to perform?				
Have you previously applied, interviewed, or been hired by HBH? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list date(s), position(s), and name.				
Have you ever been convicted of a crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list date(s), citation(s), and where the offense occurred.				
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, may we contact your past/present employers? <input type="checkbox"/> Yes <input type="checkbox"/> No		

References				
Please list names of supervisors or others who can comment directly on your abilities whom you've known for at least one year.				
Name	Address	Phone #	Relationship/Occupation	Years Known

Employment History Provide the following information for your current/previous employers, beginning with the most recent. (Please attach an additional page if necessary. Don't use "see attached resume.")

Employer	Dates Employed: Start: _____ End: _____	Job Title
Address		
Telephone	Job Duties	
Salary/Pay Start: _____ Finish: _____		
Reason for Leaving		

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Reason for Leaving				

Education			
Name and Location	# of Years Completed	Major Area of Study	Degree/Diploma
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No Year Graduated:
College			<input type="checkbox"/> Yes <input type="checkbox"/> No Year Graduated:
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No Year Graduated:
Specialized Training			<input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contact Information

Name	Phone #	Address	Relationship to You
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How did you hear about this position?

Indeed <input type="checkbox"/>	Michigan Talent <input type="checkbox"/>	Newspaper <input type="checkbox"/>	Craigslist <input type="checkbox"/>	Other (Please specify)
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Military Information

Did you serve in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Entered	Date Discharged	Honorably Discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No
Branch		Rank	

Applicant Signature

Date



HIAWATHA BEHAVIORAL HEALTH
Pre-Employment Condition of Hire Agreement
& Release of Information

I understand that (prior to being offered employment) I may be requested to take an employment examination. In the event that I have a disability which will affect my ability to take the test, I will so inform Hiawatha Behavioral Health prior to the administration of the test so that a reasonable accommodation can be made. Hiawatha Behavioral Health reserves the right to require medical documentation regarding the need for accommodation.

I certify the facts contained in this application for employment are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may result in termination.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice.

I authorize the listed previous employers and references to provide the information requested regarding my employment history (including attendance patterns, dates of employment, professional competence, integrity, ethical qualifications and ability to work cooperatively with others). I am aware that this information will be kept confidential by Hiawatha Behavioral Health. I hereby release these references and former employers from all liability for any information they may give to Hiawatha Behavioral Health. This release is valid for one year of signature date.

Applicant Signature

Date

It is the policy of the Hiawatha Behavioral Community Mental Health Authority that no employee or applicant for employment shall be subjected to discrimination because of religion, race, color, national origin, age, sex, height, weight, marital status, veteran status or disability as required by law.