

MENTAL HEALTH AMERICA OF DUTCHESS COUNTY, INC.

253 MANSION STREET

POUGHKEEPSIE, NY 12601

(845) 473-2500

mhadc@mhadc.com

APPLICATION FOR EMPLOYMENT

(Please Print or Type)

POSITION TITLE: _____

NAME: _____

STREET ADDRESS: _____

CITY, STATE ZIP _____

SOCIAL SECURITY NUMBER: ____ - ____ - ____ PHONE NUMBER: _____

EDUCATION:

INSTITUTION

CITY, STATE

DEGREE EARNED OR # OF YRS

GRADUATE _____

COLLEGE _____

BUSINESS/TRADE/TECH _____

HIGH SCHOOL _____

SCHOLASTIC HONORS: _____

SPECIALIZED TRAINING/SKILLS: _____

MILITARY:

DID YOU SERVE IN THE U.S. ARMED FORCES? _____ IF YES, WHAT BRANCH? _____
RELEVANT TRAINING/EDUCATION? _____

EMPLOYMENT HISTORY:

(Please fill out and attach resume)

EMPLOYER	ADDRESS	TELEPHONE
SUPERVISOR	JOB TITLE	DATES OF EMPLOYMENT
REASON FOR LEAVING		

EMPLOYER	ADDRESS	TELEPHONE
SUPERVISOR	JOB TITLE	DATES OF EMPLOYMENT
REASON FOR LEAVING		

EMPLOYER	ADDRESS	TELEPHONE
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WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE THOSE YOU DO NOT WANT US TO CONTACT.

DO NOT CONTACT: _____

REASONS: _____

DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED.

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship, and disability.

******Please be aware that the Mental Health Association in Dutchess County conducts an independent background investigation on all applicants prior to being hired with our agency.******

HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST TEN YEARS, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES, WHICH HAS NOT BEEN ANNULLED, EXPUNGED OR SEALED BY A COURT? _____ IF YES, DESCRIBE IN FULL.	<input checked="" type="checkbox"/>

CLASS OF DRIVER'S LICENSE: _____ EXPIRATION DATE: _____	<input checked="" type="checkbox"/>
MOTORIST I.D. #: _____ STATE OF ISSUANCE: _____	
HAVE YOU HAD ANY MOVING VIOLATIONS IN THE LAST FIVE YEARS? _____ IF YES, DESCRIBE IN FULL.	

HAVE YOU HAD ANY ACCIDENTS WHICH RESULTED IN INJURIES TO YOURSELF OR OTHERS IN THE PAST FIVE YEARS? _____? IF YES, DESCRIBE IN FULL.	

IF BOX IS CHECKED, PLEASE ATTACH A COPY OF DRIVER'S LICENSE FOR DMV CHECK.	

HAS ANY AGENCY PROCESSED YOU THROUGH THE NEW YORK STATE CHILD ABUSE REGISTRY? YES _____ NO _____	<input checked="" type="checkbox"/>
IF YES, NAME AND PHONE NUMBER OF AGENCY: _____	
_____ (PHONE) _____	

REFERENCES:

PERSONAL

NAME	ADDRESS	TELEPHONE

NAME	ADDRESS	TELEPHONE

PROFESSIONAL

NAME	COMPANY/AGENCY	TELEPHONE

NAME	COMPANY/AGENCY	TELEPHONE

NAME	COMPANY/AGENCY	TELEPHONE

PLEASE READ CAREFULLY BEFORE SIGNING:

I certify that the information given by me in this application is true and complete. I understand and agree that any false information, misrepresentation, or concealment of fact is sufficient grounds for either my immediate discharge without recourse or refusal of employment by the Mental Health America of Dutchess County.

I understand and agree that all information furnished in this application may be verified by the Mental Health America of Dutchess County. I also understand that any employment is subject to a satisfactory check of references. I hereby authorize all individuals and organizations named or referred to in this application (except those noted) and any law enforcement organization to give the Mental Health Association in Dutchess County all information relative to my employment, work habits and character and hereby release such individuals, organizations and the Mental Health America of Dutchess County from any liability for any claim or damage which may result.

I understand that giving this authorization may result in the release of information which may be negative, which I may disagree with or which may result in my not being hired by the Mental Health America of Dutchess County. I further understand that I have no right to influence or otherwise impact the Mental Health America of Dutchess County's ability to obtain correct and factual information about me.

SIGNATURE

DATE

**Mental Health America of Dutchess County, Inc BACKGROUND AND
CRIMINAL HISTORY CHECK CONSENT FORM**

I _____, hereby authorize Mental Health America of Dutchess County to make an independent investigation of my background and criminal or police records, including those maintained by both public and private organizations and all public records, for the purposes of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment.

Mental Health America of Dutchess County is an equal opportunity employer and does not discriminate against applicants or employees on the basis of race, color, national origin, sex, age, religion, disability or veteran status. I understand that the inquiries on this form which address date of birth and sex are for identification purposes only, and as such, are asked in good faith for legitimate and non-discriminatory reasons.

I release Mental Health America of Dutchess County and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all the above referenced sources used.

Please print all of the following below:

Last Name _____ First Name _____ Middle _____

Drivers License # _____ State of Issue _____

Date of Birth ____ ____ ____ Social Security # ____ ____ ____

Maiden Name _____

Current Address

Previous addresses for the past 7 years:

Dates
