

CHRISTIAN COUNTY MENTAL HEALTH ASSOCIATION

707 MCADAM DRIVE, TAYLORVILLE, ILLINOIS 62568
TELEPHONE: 217-824-9675

An Equal Opportunity Employer who does not discriminate in any phase of employment.

EMPLOYMENT APPLICATION

Date: _____

Name: _____
Last First Middle

Telephone Number: _____ Cell _____

Present Address: _____
(Street) (Apartment Number)

(City) (State) (Zip)

Permanent Address Within the United States (if different from present address):

EMPLOYMENT DESIRED

Position applied for _____

Are you available to work: ___ Full-time ___ Part-time ___ Shift work ___ Temporary

Would you consider working: Weekends & Holidays Yes ___ No ___
Rotating Shifts Yes ___ No ___
On Call Yes ___ No ___
Any Shift Yes ___ No ___

Shift Preference Days ___ Evenings ___ Nights ___

What days and hours are you available for work? _____

Would you be available to work overtime, if necessary? Yes ___ No ___

If hired, on what date can you start work? _____ Salary desired: _____

Have you ever worked for Christian County Mental Health Association? Yes ___ No ___

If yes, when and in what position _____

Reason for leaving: _____

Have you ever applied here before? No ___ Yes ___ When? _____

PERSONAL INFORMATION

Are you at least 18 years of age? Yes___ No___

Do you have any friends or relatives currently working for Christian County Mental Health Association.

Yes___ No___ If yes, state name(s) and relationship: _____

Why are you applying for work at Christian County Mental Health Association?

If the position you are applying for requires a vehicle, would you have a reliable means of transportation? N/A___ No___ Yes___

If yes, please specify: _____

If the position you are applying for requires you to drive for the agency and/or transport clients, can you provide proof of appropriate auto insurance as required under Illinois law?

N/A___ Yes___ No___ If no, please explain: _____

If the position you are applying for requires a reliable method to be contacted at home, do you have a telephone or pager? N/A___ No___ Yes___

Specify means of contact and number(s): _____

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes___ No___

If you have reviewed the job description, do you have any physical or mental conditions that would substantially limit your ability to perform the essential duties of the job(s), with or without accommodations for which you are applying? Yes___ No___ Have not reviewed job description___

If yes, describe how, with or without reasonable accommodations you would perform the functions required in the job description:

(Note: Hire may be subject to passing a physical examination.)

Have you ever been convicted of any felony(s) or any crime listed in the Health Care Worker Background Check Act, Section 25. (Note-The Act lists some misdemeanors)

If yes, state nature of the felony(s) or listed crimes, when and where convicted, and disposition of the case:

(Note: No application will be denied employment solely on the grounds of conviction of a felony(s) or listed crimes. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

EDUCATION, TRAINING AND EXPERIENCE

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School				
College				
University				
Vocational/ Business				
Health Care				

**** A certified original transcript of your degree or, if a degree is not required for the position for which you are applying, a copy of your high school diploma may be requested.****

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Christian County Mental Health Association? (Volunteer services may be included)

MILITARY SERVICE

Have you served or are you presently serving in the United States Armed Forces?

Yes _____ No _____ If yes, what branch? _____

Length of service: _____ Dishonorable Discharge? Yes _____ No _____

(Note: Dishonorable discharge is not an absolute bar to employment and the facts of the discharge will be considered.)

Describe any training received relevant to the position for which you are applying: _____

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Are you currently: Registered Licensed Certified
Eligible for: Registration Licensure Certification

If Licensed, Registered or Certified:

Type	State Issued	Date	Number

Type	State Issued	Date	Number
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Type	State Issued	Date	Number
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Has your license/certification ever been revoked or suspended? Yes _____ No _____

If yes, state reason(s), date of revocation or suspension and date of reinstatement: _____

EMPLOYMENT HISTORY

(List below all present and past employment, starting with your most recent employer)

Name of Employer: _____ **Phone** _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Employment Dates From/To _____ **Salary** _____ **Job Title** _____

Immediate Supervisor: _____ **Title** _____ **Phone** _____

Duties: _____

Reason for Leaving: _____

Name of Employer: _____ **Phone** _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Employment Dates From/To _____ **Salary** _____ **Job Title** _____

Immediate Supervisor: _____ **Title** _____ **Phone** _____

Duties: _____

Reason for Leaving: _____

Name of Employer: _____ **Phone** _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Employment Dates From/To _____ **Salary** _____ **Job Title** _____

Immediate Supervisor: _____ **Title** _____ **Phone** _____

Duties: _____

Reason for Leaving: _____

**** If you need more space, please continue on a separate piece of paper.**

(State if you do not want us to contact any of the above listed former employers and the reason you do not want each contacted. _____

Have you ever been terminated or asked to resign from a position for making threats, fighting, or any incidents involving violence? No _____ **Yes** _____

If yes, describe the circumstances: _____

REFERENCES

(List below three persons you have known at least one year. Do not list relatives or former employers.)

Name: _____ Number of Years Acquainted _____

Address: _____ City _____ State _____ Zip _____

Occupation: _____ Telephone # _____

Name: _____ Number of Years Acquainted _____

Address: _____ City _____ State _____ Zip _____

Occupation: _____ Telephone # _____

Name: _____ Number of Years Acquainted _____

Address: _____ City _____ State _____ Zip _____

Occupation: _____ Telephone # _____

(Information provided by references is confidential and cannot be shared with applicants.)

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me on this application (and accompanying resume, if any) are true and accurate to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any other document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I understand that Christian County Mental Health Association reserves the right to obtain information on me through a pre-employment central registry screening process, a criminal background check and registration under the Sexual Offender Act. I understand Christian County Mental Health Association may obtain my motor vehicle records if I am required to drive on agency business.

I understand that nothing contained in the application or conveyed during any interview which may be granted is intended to create an employment contract between me and the Christian County Mental Health Association. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated any time and for any reason, at the option of either myself or the Christian County Mental Health Association. In other words, on an at-will basis. I understand that no promises or representations are binding on the Christian County Mental Health Association unless made in writing and signed by the President.

If employed, I understand that I will be mandated to report suspected abuse and neglect in accordance with the Abused and Neglected Child Reporting Act and OIG Rule 50. If I am made a conditional offer of employment by Christian County Mental Health Association, I understand that one of the conditions may be consenting to and successfully passing a medical exam and/or alcohol/drug screening. After employment I understand that I may be required to consent to any medical examination to determine my ability to perform the duties of my job or other jobs with Christian County Mental Health Association and I understand that my employment may be conditioned upon satisfactorily passing a physical examination. I understand that I may be required to submit to random alcohol/drug screening(s) and/or test for reasonable cause at the discretion of Christian County Mental Health Association.

Date _____ Signature _____

CHRISTIAN COUNTY MENTAL HEALTH ASSOCIATION

RELEASE OF INFORMATION

I hereby authorize any person, educational institution, or company I have listed on my employment application and/or resume to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold Christian County Mental Health Association, any former employers, educational institutions, and any other person giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Signature: _____

Date: _____

