

Have you ever worked for this organization in the past? Yes No

If so, did you work under a different name? Yes No

If yes, is any additional information relative to a different name necessary to check your work record?

Yes No

If yes, please explain: _____

If the position for which you applied requires you to drive while on duty, do you have a valid driver's license? Yes No

Do you have a problem being around pets? Yes No

Section II: Availability and Interests in Work

For which position have you applied: _____

Have you been given a job description for this position? Yes No

Are you interested in full-time or part-time work? Full-time Part-time

On which days and shifts are you available to work?

1st Shift 2nd Shift 3rd Shift

Mon	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Tue	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Wed	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Thu	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Fri	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Sat	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Sun	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening

On what date are you available to start work? _____

Section III: Education

High School _____

Name

Street

City

State

Did you graduate? Yes No

College _____

Name

Street

City

State

Did you graduate? Yes No

If yes, what degree(s) did you obtain? _____

Business or Trade School _____
Name Street City State

Did you graduate? Yes No
If yes, what degree(s) or certificate(s) did you obtain? _____

Professional _____
Name Street City State

Did you graduate? Yes No
If yes, what degree(s) did you obtain? _____

Section IV: Employment History (Please start with present or most recent employer)

Company Name: _____ Telephone: _____
Address: _____ Employment Dates (month/year)
From: _____ to: _____
Position Title: _____ Hourly Pay
Start: _____ Last: _____
Name of Supervisor: _____ Reason for leaving: _____

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Company Name: _____ Telephone: _____
Address: _____ Employment Dates (month/year)
From: _____ to: _____
Position Title: _____ Hourly Pay
Start: _____ Last: _____
Name of Supervisor: _____ Reason for leaving: _____

May we contact your current supervisor or manager? Yes No
If no, Why? _____

If yes, who should we call? _____

Name

Title

Phone

Have any of your previous employers served persons funded through a Community Mental Health (CMH) Entity? Yes No

If yes, which CMH entities were involved? _____

May we contact the employers and CMH entities that you listed above to determine whether you have ever had a recipient rights violation substantiated against you? Yes No

I authorize LifeSpan to obtain information from the Recipient Rights office.

Applicant Signature

Date

Section V: References

Give the names of two (2) personal references from persons not related to you, whom you have known at least one (1) year:

Name: _____

Address: _____

Phone: _____ Years known: _____

Name: _____

Address: _____

Phone: _____ Years known: _____

Give the names of two (2) professional references from supervisors, managers, administrators or executive directors for whom you have worked:

Name: _____

Address: _____

Phone: _____ Years known: _____

Name: _____

Address: _____

Phone: _____ Years known: _____

Section VI: Professional Licenses, Certifications and Credentials

Do you have any of the following licenses or certifications?

Certified Nurse Aid Yes No

If yes, please indicate your license number: _____

Nursing License Yes No

If, yes please indicate your license number: _____

Certified in Social Work Yes No

If, yes please indicate your license number: _____

Other job-related licenses, certifications or credentials Yes No

If yes, please provide detail: _____

Section VII: Consent

I hereby give LifeSpan my permission to contact the above employers, references, and educational institutions to verify the statements listed above. I understand it is the policy of LifeSpan to receive a transcript or proof of certification directly from the college or trade school listed above. I release LifeSpan and the above referenced organizations and references from any claims that may result from furnishing information to you. I expressly and fully waive all written notice from all prior employers. I also understand that because of the nature of this job and licensing requirements, I hereby consent to the release of this application or portions of this application to representatives of Department of Human Services, Department of Mental Health, and Community Mental Health agencies, or other governmental agencies.

I further specifically waive written notice and agree to the divulging of any disciplinary reports, letters of reprimand, or other disciplinary action by all prior employers, and hereby release my prior employers from all claims, liability, and damages that may result from furnishing the information to LifeSpan.

I understand that any dishonest or false answers on this application or in subsequent interviews are grounds for or may result in immediate dismissal.

Signature: _____ Date: _____

EMPLOYEE AGREEMENT: In consideration of my employment, I agree to conform to the rules and regulations of LifeSpan, and my employment can be determined at-will with or without cause and with or without notice at any time, at the sole discretion of LifeSpan or myself. I agree that no one other than the Executive Director has any authority to enter into any agreement or contract for any specified periods of time, or to make any agreement contrary to the foregoing. I further agree that no one other than the Executive Director has any authority to make any changes to the Employment Agreement unless in writing and signed by both the Executive Director and me.

Signature: _____ Date: _____

Employer Signature: _____ Date: _____

Section VIII: At-Will Status

In consideration of my employment, I agree to conform to the policies, rules and regulations of LifeSpan. I understand and agree that my employment and compensation are for no definite period and, may, regardless of the time and manner of my wages or salary, be terminated at-will with or without cause and with or without notice at any time, at the sole discretion of LifeSpan or myself.

Applicant Signature

Date

Employer Signature

Date

This application will be kept current for 12 months. You need to complete another application to be reconsidered after this date.