



MHA is an equal opportunity employer, which means we are committed to providing equal employment opportunity to all employees and applicants for employment without regard to race, color, religion, sex, sexual orientation, national origin, age, military or veteran status, disability, genetic predisposition or as may be otherwise prohibited by applicable law.

APPLICATION FOR EMPLOYMENT

Please print all information requested

NAME _____

POSITION APPLYING FOR _____

____ **FULL-TIME** ____ **PART-TIME**

TODAY'S DATE _____

SECTION 1: PERSONAL INFORMATION		
Name (Last, First, MI)		
Street Address		
City	State	Zip Code
Home Telephone Number		Other Telephone Number (indicate type)
Social Security Number		
E-mail Address		
SECTION 2: GENERAL INFORMATION		
How did you hear about our organization?		
Employee <input type="checkbox"/> Please state name: _____		
Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> School <input type="checkbox"/> MHA Web Site <input type="checkbox"/> Other <input type="checkbox"/>		
Do you have any relatives working for MHA of Westchester? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please indicate relative's name and position.		
Have you ever worked for MHA of Westchester? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please indicate dates employed and reason for leaving.		
(Answer this question only if use of a language other than English is relevant to job for which you are applying)		
Are you fluent in any foreign languages? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes", indicate language(s):		
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Applicants are required to furnish proof of identity and legal work authorization prior to hire.		
Are you currently authorized to work for employers in the U.S. on a full-time basis, or only for your current employer?		
<input type="checkbox"/> Any Employer <input type="checkbox"/> Current Employer only		
Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, MHA will verify the status of every individual offered employment with MHA. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.		

SECTION 3: OTHER INFORMATION

Have you ever been convicted of any crime (felony, misdemeanor, violation)?

_____ Yes _____ No

If you answered "Yes" to the questions above, please state nature of offense, when, where and disposition.

None of the above circumstances represents an automatic bar to employment. This information will be used for job-related purposes and only to the extent permitted by applicable law.

SECTION 4: EMPLOYMENT RECORD

Include part-time jobs and periods of unemployment. Give complete addresses. Begin with most recent proceeding chronologically in reverse order.

Dates From/To	Name, Address and Telephone # of Employer	Rate of Pay Start/Finish	Supervisor's Name/Title	Reason for Leaving
Nature of Duties:				
Dates From/To	Name, Address and Telephone # of Employer	Rate of Pay Start/Finish	Supervisor's Name/Title	Reason for Leaving
Nature of Duties:				

Dates From/To	Name, Address and Telephone # of Employer	Rate of Pay Start/Finish	Supervisor's Name/Title	Reason for Leaving
Nature of Duties:				

If you need more room to complete your past employment history, use additional sheets of paper.

SECTION 5: EDUCATION AND PROFESSIONAL RECORD

Name and Address of School	Area of Study	# of Yrs Completed	Did you Graduate?	Degree (Type)
High School				
Vocational/Business				
College/University				
Graduate School				
Other Courses/ Special Training				

SECTION 6: MILITARY RECORD

Have you ever served in the U.S. Armed Forces? ____ Yes ____ No
 List duties in the Service, including special training, that is relevant to the position for which you have applied.

SECTION 7: LICENSES

If a license, certificate or other authorization to practice a trade or profession is listed as a requirement for the position for which you are applying, please complete the following:

Name of Profession:	License Number:	Granted by: (agency)	City / State
Specialty:		Registered from: (Month & Year)	Registered to: (Month & Year)
Name of Profession:	License Number:	Granted by: (agency)	City / State
Specialty:		Registered from: (Month & Year)	Registered to: (Month & Year)

SECTION 8: COMPUTER SKILLS

List all Software Applications you can operate and level of proficiency. (Beginner / Intermediate / Expert)

Software Application	Level of Proficiency
1.	
2.	
3.	
4.	
5.	

SECTION 9: REFERENCES

Please provide the names and contact information of three persons not related to you as references. They should be persons with whom you currently and/or previously have worked closely, preferably a supervisor or manager.

Name	Relationship	Address	Phone Number
1.			
2.			
3.			

SECTION 10: DRIVER LICENSE INFORMATION

If you are applying for a job in which you will drive a car on MHA business, please complete this section.

Do you have a valid driver's license? ____ Yes ____ No

If "yes", please provide license number _____ and issuing state _____

Has your license been suspended or revoked in the last five years?
____ Yes ____ No

What driving citations will show up on your driver's license record in the past three years?

List details:

Do you have a car or can you get one by date hired? ____ Yes ____ No

SECTION 11: APPLICANT STATEMENT
--

I voluntarily agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed termination from MHA's employ.
2. Any offer of employment I may receive from MHA is contingent upon my successful completion of MHA's total pre-employment screening process, including the Company's receipt of references that it considers satisfactory.
3. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement for reason of termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
4. I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with MHA.
5. *In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures of MHA. I understand that my employment will be on an at-will basis, which means that my employment can be terminated with or without cause or notice, at any time, at the option of either MHA or me. I further understand that no manager or representative of MHA, other than the Executive Director, has any authority to enter into any agreement with me for employment for any specified period of time, or to make any agreement different from or contrary to any MHA policy. I further understand that any such agreement, if made, shall not be enforceable unless in writing and signed by the Executive Director and me.*
6. I acknowledge that I have read all of the above statements and that I understand them.

Print Name and Last 4 of Social Security #

DATE

SECTION 12: NOTICE OF SOCIAL SERVICES LAW 424-a PROCEDURES

Please read this carefully. It may impact your employment with the Mental Health Association of Westchester, Inc.

Section 424-a of the New York State Social Services Law requires this agency, as a provider of services for children certified by the Office of Mental Health (OMH), to inquire whether anyone actively considered for employment or consultancy who will have the potential for regular and substantial contact with the children this agency serves, is the subject of an indicated report of child abuse or maltreatment on file with the State Central Register of Child Abuse and Maltreatment (Office of Children and Family Services).

This agency will make the required inquiry to the State Central Register regarding yourself, based on the position for which you have applied, are being considered, or which you currently occupy. If the result of an inquiry shows that you are the subject of an indicated report of child abuse or maltreatment, the State Central Register would notify you of this. This agency would also be advised of the findings.

If the State Central Register replies to our inquiry that you are the subject of an indicated report of child abuse or maltreatment, this agency must consider that factor, along with other background information, in determining whether to employ you, retain you as an employee, or hire you as a consultant. You may be asked to provide details of the situation(s) that gave rise to the indicated report. You will also be asked to sign a release allowing this agency to receive a copy of the indicated report on file with the State Central Register. Your refusal to sign this release will be taken to mean that you do not wish us to further consider your application.

If you are denied employment, terminated as an employee, not hired as a consultant, and such denial is based, in whole or in part on the existence of an indicated report of child abuse or maltreatment, you will be provided a written statement explaining the reason for the denial. You will also be informed, at that time, of your right, pursuant to Sections 22 and 424-a of the Social Services Law, to request a hearing before the New York State Office of Children and Family Services on the indicated report on file with the State Central Register.

All information obtained through this process is confidential.

Given to: _____ By: _____
(Applicant - Print Name) (Agency employee - Print Name)

_____ _____
Last 4 of Social Security # (Agency employee - Signature)

Agency Name: _____ Date: _____

**ACKNOWLEDGEMENT BY APPLICANT OF THE PROCESS WHEREBY HISTORY IN
RELATIONSHIP TO POSSIBLE CHILD ABUSE OR MALTREATMENT IS CHECKED AT
THE STATE CENTRAL REGISTER**

I, _____
(Applicant Name - Print)

_____ Have

_____ Have not

been a subject of an indicated report of child abuse or maltreatment. (An indicated report of child abuse is a report on file with the State Central Register of the New York State Office of Children and Family Services because some credible evidence exists to support that you have been involved in a case of child abuse and/or maltreatment.)

I have received notice of the requirements of Social Services Law 424-a, and I understand that if information regarding my past history with the State Central Register for Child Abuse and Maltreatment is contained in a report from the Register, it will be used to determine my suitability to take a position that involves regular and substantial contact with children under eighteen years of age. I further understand that any misrepresentation of my status or of the information given will result in administrative action, which may include dismissal or discipline.

Applicant's Name and last 4 of social security # : _____

Date: _____

SECTION 13: AUTHORIZATION AND DISCLOSURE UNDER FAIR CREDIT REPORTING ACT FOR PROCUREMENT OF CONSUMER REPORTS AND INVESTIGATIVE REPORTS

In processing my application for employment, MHA may procure a consumer report and/or an investigative consumer report on me. I understand that upon request to MHA, I will be informed of whether a consumer report was requested and, if so, the name and address of the consumer-reporting agency that furnished the report. I understand that an investigative consumer report commonly includes information concerning character, general reputation, personal characteristic or mode of living and that information may be obtained through personal interviews with my neighbors friends, associates or others with whom I am acquainted. I understand that upon written request to MHA, I will be informed whether an investigative consumer report was requested, and be given complete and accurate disclosure as to the nature and scope of the investigation requested.

Based on the foregoing, I hereby authorize MHA to procure a consumer report and/or investigative consumer report. If I am granted employment, MHA may subsequently, from time to time, request consumer reports, other than investigative consumer reports, in connection with my employment.

By my printing my name and providing the last four numbers of my social security number below, I also acknowledge that MHA has provided me with a summary of my rights under the federal Fair Credit Reporting Act.

Print name and last 4 of social security #

DATE

REFERENCE RELEASE FORM

Applicant's Authorization

I consent to and authorize the release of any information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information and reason for separation of employment. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the former employer, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise from any reference information provided pursuant to this authorization or any attempts to comply with this information.

Print name and last 4 of Social security #: _____

Date: _____