



Welcome! We are happy to see you are interested in applying for a job at The Mental Health Association of Westchester. We are excited that you have chosen us. Our staff, along with the individuals we serve are our top priority.

MHA is committed to providing our employees with a work environment in which everyone is treated with respect and dignity. We are also dedicated to improving the lives of the most vulnerable in our community.

MHA of Westchester is an equal opportunity employer that is committed to cultural competency, diversity, and inclusion and values the ways in which we are different. MHA of Westchester will not discriminate or retaliate against any applicant on the basis of race, creed, color, national origin, sex, disability status, marital status, family status, sexual orientation, gender identity, citizen status, or other characteristic protected by the applicable laws or Executive Orders.

APPLICATION FOR EMPLOYMENT

Applications must be typewritten or clearly printed. All questions must be answered.

Current Date: _____

Applicant Name: _____

Position Applying For: _____

_____ **Full-Time** _____ **Part-Time**

SECTION 1: PERSONAL INFORMATION

Name (Last, First, MI)

Street Address

City

State

Zip Code

Contact Number

Other Telephone Number (indicate type)

E-mail Address

SECTION 2: GENERAL INFORMATION

How did you hear about our organization?

MHA Employee Please state name:

Newspaper _____ Internet _____ School _____ MHA Web Site _____ Other _____

Potential for Conflict of Interest:

Do you have any relatives working for MHA of Westchester? _____ Yes _____ No If "Yes", please indicate relative's name and position.

Have you ever worked for MHA of Westchester? _____ Yes _____ 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? _____ Yes _____ No

If "Yes", indicate language(s):

Are you at least 18 years of age? _____ Yes _____ No

Applicants are required to provide proof of identity and legal work authorization prior to hire. Are you currently authorized to work for employers in the U.S. or only for your current employer?

_____ Any Employer _____ Current Employer only

If for current employer only, will you require MHA to sponsor you to obtain, maintain, or extend your employment authorization? _____ Yes _____ No

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: 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	Supervisor's Name/Title	Reason for Leaving
Summary of Duties:			
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Summary of Duties:			

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

SECTION 4: 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				
Post Graduate School				

Other Courses/ Special Training				
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SECTION 5: MILITARY RECORD

Have you ever served in the Armed Forces of the United States? ____ Yes ____ No

Branch of Military Service: _____

List duties in the Service, including special training, that is relevant to the position for which you have applied.

SECTION 6: 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 7: 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.	
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SECTION 8: REFERENCES

Please provide the names and contact information of three professional references not related to you. They should be persons with whom you currently and/or previously have worked closely with in a professional capacity, preferably a supervisor or manager, community leader, professors, college advisor, internship supervisor, etc.

Name	Relationship	Work Address	Contact Phone Number
1.			
2.			
3.			

SECTION 9: DRIVER LICENSE INFORMATION

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

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

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

SECTION 10: APPLICANT STATEMENT

I agree and understand 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 employment.
2. Any offer of employment I may receive from MHA is contingent upon my successful completion of MHA's entire pre-employment screening process, including the agency's receipt of references that it considers satisfactory.
3. The information you are providing on this application is requested by MHA Westchester and will be maintained in your personnel file if hired. The principal purpose of collecting this information is to determine eligibility for initial and continued employment.
4. I authorize and request that all of my present and former employers and those individuals I have listed as professional references furnish information about my employment record, including a statement for reason of termination of my employment, work performance, competencies, 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.
5. 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.
6. 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 Chief Executive Officer, 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 Chief Executive Officer, Chief Human Resources Officer and me.

7. I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for MHA Westchester to hire me.
8. I acknowledge that I have read all of the above statements and that I understand them.

Applicant's Name: _____ Date: _____

SECTION 11: BACKGROUND CHECK, NOTICE OF STAFF EXCLUSION LIST & SOCIAL SERVICES LAW 424-a PROCEDURES

All offers of employment at MHA Westchester are contingent upon clear results of a thorough background check. Background checks will be conducted after a conditional job offer has been made and, on all employees, who are promoted, as deemed necessary.

After a conditional job offer is made and as a condition of my candidacy for employment MHA Westchester, I understand that the agency will conduct a background check about me for employment purposes.

As part of the application process for employment at MHA Westchester, I acknowledge and understand that the agency may seek and obtain investigative consumer reports, as defined in the Fair Credit Reporting Act (FCRA) about me. I further acknowledge and understand that the reports may be used for the following purposes:

- Making a decision whether to continue with the hiring process with the agency;
- Deciding whether to continue my employment (if I am hired by the agency);
- Doing periodic rescreening of current employees; and/or
- Making any other employment decisions affecting me.

Human Resources (HR) will order the background check upon receipt of the signed release form, and either internal HR staff or an employment screening service will conduct the checks. A designated HR representative will review all results.

I have received and read MHA's standard Background Check Procedure and I understand that information regarding my past history will be contained in a report from the Justice Center, it will be used to determine my suitability to take a position that involves regular and substantial contact with People with Special Needs and/or children under the age of eighteen (18). If I am applying for a non-direct position with People with Special Needs and/or children under the age of eighteen (18), I understand that information regarding my past history will be contained in a report from the Justice Center, it will be used to determine my suitability to take a position within MHA Westchester.

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: _____ Date: _____

**Justice Center for the Protection of People with Special Needs Staff
Exclusion List (SEL)**

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

The Justice Center for the Protection of People with Special Needs Staff Exclusion List (SEL) contains names of those who have committed serious or repeated acts of abuse or neglect against people with special needs in programs under the Justice Center's jurisdiction. These individuals are barred from working in positions requiring regular and substantial contact with people receiving services.

Providers must make a request to the Justice Center to conduct an SEL check before hiring or permitting volunteers to have regular and substantial contact with individuals receiving services. The following agencies and entities are required to check the SEL when considering an applicant for employment, volunteering, licensure, certification or approval:

- Facilities and provider agencies, as defined in the NYS Social Services Law (SSL)
- Providers of service to persons in programs licensed, certified or funded by any State Oversight Agency, as defined in the SSL
- Any other provider or licensing agencies required to conduct a database check with the Statewide Central Register of Child Abuse and Maltreatment (SCR) as defined in the SSL

I have received and read notice of the requirements of Justice Center for the Protection of People with Special Needs Staff Exclusion List (SEL) and I understand that if information regarding my past history with the SEL is contained in a report from the Justice Center, it will be used to determine my suitability to take a position that involves regular and substantial contact with People with Special Needs. 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: _____ Date: _____

**NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
NOTIFICATION OF SOCIAL SERVICE 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 Social Services Law requires authorized agencies, including local social services districts, the Office of Children and Family Services, special act school districts, residential schools which are operated, supervised or approved by the education department and licensed day care centers to inquire whether a person actively being considered for employment who will have the potential for regular and substantial contact with children being cared for by the agency is the subject of an indicated report of child abuse or maltreatment on file with the State Central Register of Child Abuse and Maltreatment. This section also requires these same agencies to make such an inquiry regarding an individual or an employee of an individual, corporation, partnership or association which provides goods or services to the agency and who has or will have the potential for regular and substantial contact with children authorized agencies, including local social services districts, the Office of Children and Family Services special act school districts, residential schools which are operated, supervised or approved by the education department and licensed day care centers to make inquiries to the State Central Register regarding any current employee, any person who has volunteered his or her services to the agency or any person to be hired as a consultant who has or will have the potential for regular and substantial contact with the children being cared for by the agency.

This agency will make such an inquiry to the State Central Register regarding you based on the position for which you have applied, are being considered or which you currently occupy. You will be notified by the New York State Office of Children and

Family Services if the result of this inquiry shows that you are the subject of an indicated report of child abuse or maltreatment.

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 back ground information, in determining whether to employ you, retain you as an employee, use you as a volunteer, hire you as a consultant, or allow you access to provide goods or services to this agency. You may be asked to provide details of the situation(s) or incident(s) that gave rise to the indicated report. You may 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.

If you are denied employment, terminated as an employee or volunteer, not accepted as a volunteer, not hired as a consultant or denied access to the agency to provide goods or services, you will be provided with a written statement from this agency which sets forth the reason(s) for the denial. If the denial is based, in whole or in part, on the existence of an indicated report of child abuse or maltreatment, the statement will include that basis in the explanation of the denial.

If you are notified that you have been denied or dismissed from employment, have not been hired as a consultant, have been dismissed or not accepted as a volunteer, or denied access to the agency to provide goods or services because you are the subject of an indicated report of child abuse or maltreatment, you will 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 Office of Children and Family Services on the indicated report on file with the State Central Register.

I have received and read 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: _____ Date: _____

REFERENCE RELEASE FORM

Applicant's Authorization

I consent to and authorize the release of any information concerning me, including skills, achievements, performance, attendance, 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.

Applicant's Name: _____ Date: _____

