

**The Mental Health Association
in Tompkins County**

171 East State Street, Suite 275
ITHACA, NEW YORK 14850
(607) 273-9250

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Web address: www.mhaedu.org

Email: info@mhaedu.org

APPLICATION FOR EMPLOYMENT

POSITION TITLE _____

FOR OFFICE USE ONLY

Date Received: _____

Received by: _____

Interview Date: _____

Conditionally Approved: _____

Conditions:

COVID vaccine SCR

NYS CPS

SEL

CBC

First Aid/CPR

Disapproved: _____

PLEASE ANSWER ALL QUESTIONS FULLY AND CAREFULLY.

YOU MUST COMPLETE ALL OF THE FOLLOWING SECTIONS OF THIS APPLICATION FORM
REGARDLESS OF WHETHER YOU SUBMIT A RESUME.

Print in black or blue ink.

Attach additional sheets if necessary in order to give complete and detailed information.

All statements are subject to verification.

1. NAME AND RESIDENCE

Last First MI

Street Address or Post Office Box

City State Zip

Telephone Number: _____ Cell Phone: _____

Email Address: _____

Immediate notice should be given of any change in Post Office Box or Street Address.

2. SOCIAL SECURITY NUMBER _____ - _____ - _____

3. DATE OF BIRTH _____ - _____ - _____

4. LEGAL RESIDENCE

Please state your *permanent* legal residence

Last First MI

Street Address or Post Office Box

City State Zip

5. (a) Are you a US citizen? YES NO

(b) If not, do you have the legal right to accept employment in the US? YES NO

6. EDUCATION

HIGH SCHOOL

Have you graduated from high school? YES NO

If yes, give name and location of High School: _____

If you are not a high school graduate, do you have a high school equivalency diploma? YES NO

If yes,

Name of Issuing Authority: _____ Date of Issue: _____

If you are not a high school graduate and do not possess a high school equivalency diploma, please indicate the highest grade you completed: _____

COLLEGE

Name of College/University

City State

Type of Degree Received/Course of Study

Dates of Attendance

Date of Completion/Expected Date

Name of College/University

City State

Type of Degree Received/Course of Study

Dates of Attendance

Date of Completion/Expected Date

7. PROFESSIONAL LICENSES & CERTIFICATIONS (please attach a copy)

(includes licensed professions, health or first aid certifications, etc.)

Name of Trade or Profession License Number Registered From: _____ To: _____

Granted by (licensing agency) City State

8. WORK/INTERNSHIP EXPERIENCE

DESCRIPTION OF EXPERIENCE: Beginning with the most recent, describe below in detail **ALL** employments. You are responsible for submitting an accurate, adequate and clear description of your experience. Regardless of whether you attach a resume.

Under "Duties" for each employment describe the nature of the work personally performed by you.

YOU MUST COMPLETE ALL OF THE FOLLOWING SECTIONS OF THIS APPLICATION FORM REGARDLESS OF WHETHER YOU SUBMIT A RESUME.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION. (If more space is needed, attach 8 1/2" x 11" sheet of paper.)

Firm/Organization Name

Length of Employment

Address

City and State

Name of Your Supervisor

Supervisor's Title

May we contact this person? YES NO Supervisor Phone Number _____

Your Exact Title: _____

DUTIES: _____

Reason for Leaving: _____

Firm/Organization Name

Length of Employment

Address

City and State

Name of Your Supervisor

Supervisor's Title

May we contact this person? YES NO Supervisor Phone Number _____

Your Exact Title: _____

DUTIES: _____

Reason for Leaving: _____

Firm/Organization Name

Length of Employment

Address

City and State

Name of Your Supervisor

Supervisor's Title

May we contact this person? YES NO Supervisor Phone Number _____

Your Exact Title: _____

DUTIES: _____

Reason for Leaving: _____

9. VOLUNTEER EXPERIENCE (If more space is needed, attach 8 1/2" x 11" sheets of paper.)

Dates of Service: From _____ To _____
Name of Organization: _____ phone: _____
Address City, State, Zip: _____
Name of person who can verify volunteer experience: _____
Brief Description of Duties: _____

10. Qualities and Interests

Please list any clubs and/or associations you have been or are currently a member of.
(If more space is needed, attach 8 1/2" x 11" sheets of paper.)

_____	_____
Organization Name	Brief Description
_____	_____
Organization Name	Brief Description

Please describe any experiences you have had working with individuals with social, emotional, behavioral physical and/or developmental disabilities.

11. LICENSES

Note: Some positions require a valid Driver's License, Motor Vehicle driving abstract and proof of current auto insurance coverage.

You must be able to provide documentation for the following questions.

Do you have a valid driver's license? YES NO
If yes, Issuing State: _____
Number: _____
Expiration Date: _____

Do you have reliable transportation? YES NO

Do you have current auto insurance? YES NO

Does your auto insurance allow you to use your vehicle drive for business? YES NO

If you are applying for a position working with youth,
Does your auto insurance allow you to transport youth? YES NO

12. CERTIFICATIONS

Note: Some positions require current certification in **CPR** for adults/children and **Standard First Aid**.

Do you have current CPR Adult/Child Certification? YES NO

If yes, Expiration date _____

Do you have current Standard First Aid Certification? YES NO

If yes, Expiration date _____

The following trainings are currently offered through The American Red Cross Tompkins County Chapter:

CPR- Adult, Child, & Infant: Recognize and care for breathing, cardiac, and choking emergencies in adults, children and infants.

Standard First Aid: Minimize the effects of shock. Treat sudden illnesses including poisoning, heat and cold emergencies. Perform first aid for cuts, scrapes, bruises, burns, bleeding, and injuries to bones, joints, and muscles, such as sprains and strains.

You may call The Red Cross Health & Safety Services to register or for more information at (607) 273-1900, Extension 14.

13. BACKGROUND INVESTIGATION:

All paid employees and/or volunteers who provide direct service, will be required to undergo criminal history background investigation, including the sex offender registry in New York and fingerprint check.

Check appropriate answer for each question. All questions must be answered.

- A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? YES NO
- B. Did you ever resign from any employment rather than face dismissal? YES NO
- C. Have you ever been convicted of any crime (felony or misdemeanor)? YES NO
- D. Are you now facing/under charges for any crime? YES NO
- E. Have you ever been indicated on a Child Protective Services report of child abuse or neglect? YES NO

If you answered "YES" to any of the questions above, please give specific details:

None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying. Failure to meet the standards for the background investigation may result in disqualification.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION.

14. REFERENCES

3 **PERSONAL** REFERENCES (at least 1 must be a relative)

Name Relationship to applicant

Phone Number Email Years Acquainted

Name Relationship to applicant

Phone Number Email Years Acquainted

Name Relationship to applicant

Phone Number Email Years Acquainted

3 **PROFESSIONAL** REFERENCES

Name Firm/Organization

Phone Number Email Dates of employment

Name Firm/Organization

Phone Number Email Dates of employment

Name Firm/Organization

Phone Number Email Dates of employment

15. THIS AFFIRMATION MUST BE COMPLETED

I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury.

SIGNATURE OF APPLICANT

DATE

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, disability, religion, marital status or criminal record. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification or discrimination as to age, race, creed, color, national origin, sex, disability, religion, marital status, criminal record, sexual orientation or affectional preference in connection with employment. AN EQUAL OPPORTUNITY EMPLOYER.