

**The Mental Health Association in Tompkins County**

171 East State Street, Suite 275

Ithaca, NY 14850

(607) 273-9250

[www.mhaedu.org](http://www.mhaedu.org)

**APPLICATION FOR EMPLOYMENT**

Please email completed applications to Josephine Gibson, Executive Director at [jgibson@mhaedu](mailto:jgibson@mhaedu) or send by email to the MHA office.

**PERSONAL INFORMATION**

Name:

Address:

E-mail Address:

Phone:

Are you eligible to work in the US?    YES        NO

Are you at least 18 years or older?    YES        NO

**EMPLOYMENT DESIRED**

Date you can start:

Position desired:

**EDUCATION**

	Name and Location	Years Attended	Degree Received
Highschool			
College/University			
Other			

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

**EMPLOYMENT HISTORY**

Please provide information about your three most recent employers.

Employer Name:

Employer Address:

Dates of Employment:

Your Title:

Duties:

Employer Name:

Employer Address:

Dates of Employment:

Your Title:

Duties:

Employer Name:

Employer Address:

Dates of Employment:

Your Title:

Duties:

Do you have any certifications, special skills, experience and/or training that would enhance your ability to perform the position applied for?

Do you have any volunteer experience? If yes, describe below.

Do you have any experience working with individuals with social, emotional, behavioral, physical and/or developmental disabilities? If yes, describe below.

### **BACKGROUND INVESTIGATION**

All employees and/or volunteers who provide direct service will be required to undergo a criminal history background investigation including the sex offender registry in New York and fingerprint check. Failure to meet the standards for the background investigation may result in disqualification.

**PLEASE READ CAREFULLY BEFORE SIGNING**

I attest with my printed name below that I have given to MHA true and complete information on this application. No requested information has been concealed. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Print Name:

Date:

Additional Comments:

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. MHA IS AN EQUAL OPPORTUNITY EMPLOYER.