

Application for Employment

Van Buren Community Mental Health
P.O. Box 249
Paw Paw, Michigan 49079
Attn: Human Resources

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for: _____ Date of application: _____

Name: _____
LAST FIRST MIDDLE

Address: _____
STREET CITY STATE ZIP CODE

Telephone # () Other Phone # () Social Security # _____

If you are under 18, and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you ever been employed here before? Yes No

Are any of your relatives employed here? Yes No If yes, name of relative: _____

Are you legally eligible for employment in this country? Yes No Date available for work? _____

Type of employment desired Full-Time Part-Time Temporary Seasonal

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please explain _____

Conviction will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.

Driver's license number _____ State _____

Employment History

Provide the following information for your past four (4) employers, assignments, or volunteer activities, starting with the **MOST RECENT**.

FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ PER FINAL \$ PER	

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JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
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AN EQUAL OPPORTUNITY EMPLOYER

Employment History...

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JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	

Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
HIGH SCHOOL		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
COLLEGE		MAJOR	DEGREE	
OTHER		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

References

NAME	TELEPHONE	YEARS KNOWN

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER'S SERVICE, WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, AND EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THIS APPLICATION IS CURRENT FOR ONLY 60 DAYS, AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THIS COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

NOTICE TO APPLICANTS:

- IT IS THIS ORGANIZATION'S POLICY TO SECURE CRIMINAL HISTORY AND DRIVER'S LICENSE RECORD INFORMATION AS PART OF THE PRE-EMPLOYMENT SCREENING PROCESS USING THE INFORMATION PROVIDED ON THE ATTACHED CRIMINAL HISTORY CHECK RELEASE AND DRIVER'S LICENSE RECORD REQUEST FORM.
- SCREENING TESTS FOR ALCOHOL AND ILLEGAL DRUG USE MAY BE A POST-OFFER REQUIREMENT. POST-OFFER PHYSICAL EXAMS MAY BE REQUIRED FOR SOME POSITIONS.
- SKILL TESTING MAY BE ADMINISTERED.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date _____

VAN BUREN COMMUNITY MENTAL HEALTH

Criminal History and Federal Health Care Program Exclusion Screening & Disclosure Form

**** PLEASE PRINT ****

As a prospective employee/intern/volunteer of Van Buren Community Mental Health, I understand that it is this organization's policy to conduct required screenings of criminal history and federal health care program exclusion data bases using the information provided below.

- I **have resided** in Michigan for the past 5 or more years, from the date of this application.
- I **have NOT resided** in Michigan for the past 5 or more years, from the date of this application. I have resided in the following states in the past 5 years: _____

Please print your FULL name:

FIRST	MIDDLE	LAST
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Name(s) previously used:

First	Middle	Last
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First	Middle	Last
-------	--------	------

First	Middle	Last
-------	--------	------

Birth Date: _____ **Gender:** Male Female
(Month, day, year)

Ethnic ID: White Black Asian or Pacific Islander
 American Indian or Alaskan Native Other: _____

Have you, under any current or former name or business identity, ever been debarred, suspended or otherwise excluded from participation in any federal health care program? Yes No

I authorize Van Buren Community Mental Health to utilize the above information for the sole purpose of obtaining a criminal history file search and conducting screenings for individuals excluded from participating in Medicare, Medicaid, or any other Federal health care program. I also understand VBCMh may be required to obtain a criminal history file search from other states if I have not resided in Michigan for the past 5 or more years.

Signature

Date

**VAN BUREN COMMUNITY MENTAL HEALTH AUTHORITY
NEPOTISM DISCLOSURE FORM**

Effective March 18, 2015, the Nepotism and Personal Relationships Procedure (IV.02.02) prohibits persons from being hired or transferred into organizational units in which they have personal relationships. This procedure is intended to promote employment decisions and conduct in the work setting that avoid conflict of interest, appearance of favoritism, abuse of power or potential for a hostile work environment.

Personal relationships are defined as: A marital or other committed relationship, or significant familial relationship, including relationships by blood, adoption, marriage or domestic partnership; consensual sexual or romantic relationship; a significant financial relationship; or any close personal relationship that has the potential to affect judgment or treatment of either party to the relationship.

Applicants for Employment, Internship or Volunteer Placements:
Name: _____
Desired Position/Area to Intern or Volunteer: _____
Name(s) of Current VBCMh employees with whom you are engaged in a personal relationship: _____ _____ _____
<input type="checkbox"/> None

Current Employees:
Name: _____
Job Title: _____
Name(s) of Current VBCMh employees with whom you are engaged in a personal relationship: _____ _____ _____
<input type="checkbox"/> None

I acknowledge the information I have provided is accurate to the best of my knowledge. In the event a personal relationship as defined above is created or modified at a future time, I shall report the change to Human Resources within 15 working days. I understand that any employee who has engaged, participated in, or permitted a violation of this procedure (including failure to give notice of a personal relationship with another VBCMh employee) will be subject to disciplinary action up to and including termination. Any misrepresentation or material omission made by an applicant will be sufficient cause to eliminate candidacy for employment.

Signature Date

Voluntary Affirmative Action Information

(Completion of information below is voluntary)

We consider applicants for all positions without regard to religion, race, color, national origin, age, sex, marital status, height, weight, genetic information, veteran status, arrest record, disability, or any other legally protected status.

Date: _____ / _____ / _____

Position(s) applied for: _____

Referral Source:

Advertisement: *Herald Palladium* *Kalamazoo Gazette* *VBC Reminder* *VBC Advertiser*
 South Haven Tribune *Holland Sentinel* *Paw Paw Flashes/Courier Leader*

Internet posting: Monster.com Indeed.com Mlive.com GetHired.com Other: _____

Relative School Walk-In Employee: _____

Other: _____

Applicant Information

Applicant Name: _____

Address: _____

As required, we comply with government regulations including Affirmative Action obligations where they apply. In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is **not** a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Check one: Male Female

Check one of the following Race/Ethnic Group:

- | | | |
|---|--|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Arabic/Middle East. | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> Native American | <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Other |

To be completed by applicant - Not for interview purposes - To be filed separately from application.
This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or necessitated by another federal law or regulation.