



Oxford County Mental Health Service

EMPLOYMENT APPLICATION

The purpose of this application is solely to allow persons a standardized form on which to submit their qualifications. All positions are subject to Background checks.

GENERAL INFORMATION

Last First Middle

Street Address Town State Zip

Mailing Address (if different from above)

Home telephone number Business telephone

Position desired Date Available

How did you find out about this position?

Newspaper Website Job service
Agency Employee other

Availability for work Full time Part time hours
Occasional any

Have you previously or are you currently employed by any other mental health agency
If yes, please indicate:

Can you perform the job for which you are applying with without accommodation? If
accommodation is necessary, Please explain.

Have you been convicted of a crime other than minor traffic violations? (conviction of a crime
does not necessarily disqualify the applicant from consideration of employment)
yes no if yes, please explain.

EMPLOYMENT HISTORY

Please list all your previous jobs, beginning with your present or most recent position. Please include military, self-employment, summer, and part-time work. If you need more paper, please use an additional sheet. If you have a resume, please attach as well as complete the employment section below. This employment application cannot be processed unless completed in full.

Name of most recent employer: _____

Address: _____

Name of supervisor: _____ phone: _____

Duties: _____

Dates worked: from _____ to _____ Position: _____

Reason for leaving: _____

Name of employer: _____

Address: _____

Name of supervisor: _____ phone: _____

Duties: _____

Dates worked: from _____ to _____

starting position _____ Last position: _____

Reason for leaving: _____

Name of employer: _____

Address: _____

Name of supervisor: _____ phone: _____

Duties: _____

Dates worked: from _____ to _____

starting position _____ Last position: _____

Reason for leaving: _____

May we contact all the employers listed above? _____ Yes _____ No

If not, which ones should we not contact and why?

If you do not have the names of three employers who can provide references for you, please list below the names of non-relatives who may be contacted for references.

Name	Address	Phone
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EDUCATIONAL BACKGROUND

High school

Name & Address of school: _____

Course of study: _____

Years completed: _____ Did you graduate? _____

Degree or diploma earned: _____

College

Name & Address of school _____

Course of study _____

Years completed _____ Did you graduate? _____

Degree or diploma earned _____

College

Name & Address of school _____

Course of study _____

Years completed _____ Did you graduate? _____

Degree or diploma earned _____

Have you been employed or received a degree, license, certificate, or registration under a different name? _____ Yes _____ No

If yes, what name? _____

Highest degree earned _____

What are your plans for continuing education? _____

Are you currently: _____ Registered _____ Licensed _____ Certified
Eligible for: _____ Registration _____ Licensure _____ Certification

Licensed: Type _____ State Issued _____ Date _____ No. _____

Registered: Type _____ State Issued _____ Date _____ No. _____

Certified: Type _____ State Issued _____ Date _____ No. _____

Please list any workshops, courses, or training (include military) which you feel are directly related to the position for which you are to be considered.

Please indicate any special skills and/or qualifications that you possess that you feel directly relate to the position for which you are applying.

RELEASE OF INFORMATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and further authorize the references on this application to give you any and all information concerning my previous employment and any pertinent information they may have.

I expressly authorize any Law Enforcement Agency and the Department of Motor Vehicle to provide any and all information relating to any prior criminal driving history to Oxford County Mental Health Service, (OCMHS) and I release any such provider of information from any and all liability for any damage or loss which may result from the furnishing of such information.

I expressly authorize the Maine Department of Human Services or the equivalent of the Maine Department of Human Services in other states, to release any information to OCMHS related to any child or elder abuse investigation in which I may have been subject to an investigation. I release any agency or individual who may provide such information from any and all liability for any damages or loss which may result from the furnishing of such information.

I understand that the OCMHS may request information from any source listed above prior to my employment. This information is to be used to determine my employment eligibility. This information shall not be released to any other party without my written permission.

Signature of Applicant

Date

An Equal Opportunity Employer