



Oxford County Mental Health Services

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

Date: _____

Last First Middle

Street Address Town State Zip

Mailing Address (if different from above)

Telephone number(s)

Position desired

Date Available to Start if Hired:

How did you find out about this position?

____ Website ____ Indeed ____ 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:

EMPLOYMENT HISTORY

Please list your previous jobs, beginning with your present or most recent position. If you need more paper, please use an additional sheet. Additionally, if you have a resume, please attach. 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: _____

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	Business/Company	Phone
_____	_____	_____
_____	_____	_____

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? _____

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 which you feel are directly related to the position for which you are applying.

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, accurate, 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 understand that all employment and compensation with OCMHS is "at will" which means that your employment can be terminated with or without cause, and with or without notice, at any time, at the option of either OCMHS or yourself, except as otherwise provided by law.

I understand that the OCMHS may request information regarding previous employment, background check information, and references to determine eligibility and suitability for the position. This information shall not be released to any other party without my written permission.

Signature of Applicant

Date