

# EMCMHC EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. We comply with all applicable Federal, State, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

POSITION APPLIED FOR:		APPLICATION DATE	
LAST NAME	FIRST NAME	MIDDLE INITIAL	
ADDRESS	CITY	STATE	ZIP
TELEPHONE	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	
DATE AVAILABLE FOR WORK	EMPLOYMENT TYPE <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> CO-OP		
WERE YOU PREVIOUSLY EMPLOYED BY THIS ORGANIZATION? <input type="checkbox"/> YES, DATE		DEPT/POSITION <input type="checkbox"/> NO	
LIST ANY RELATIVES OR FRIENDS WORKING FOR THIS ORGANIZATION:		NAME	RELATIONSHIP
<b>WORK EXPERIENCE - LIST PRESENT AND FORMER EMPLOYERS BEGINNING WITH MOST RECENT</b>			
FROM	TO	COMPANY NAME AND ADDRESS	TELEPHONE
POSITION HELD		DESCRIBE YOUR WORK	
SUPERVISOR AND TITLE		LAST WAGES _____ PER	REASON FOR LEAVING
FROM	TO	COMPANY NAME AND ADDRESS	TELEPHONE
POSITION HELD		DESCRIBE YOUR WORK	
SUPERVISOR AND TITLE		LAST WAGES _____ PER	REASON FOR LEAVING
FROM	TO	COMPANY NAME AND ADDRESS	TELEPHONE
POSITION HELD		DESCRIBE YOUR WORK	
SUPERVISOR AND TITLE		LAST WAGES _____ PER	REASON FOR LEAVING
FROM	TO	COMPANY NAME AND ADDRESS	TELEPHONE
POSITION HELD		DESCRIBE YOUR WORK	
SUPERVISOR AND TITLE		LAST WAGES _____ PER	REASON FOR LEAVING
May we contact the above employers? <input type="checkbox"/> Yes <input type="checkbox"/> No   If No, indicate which one(s) you do not wish us to contact			
SPECIAL SKILLS, QUALIFICATIONS, EXPERIENCE AND ABILITIES RELEVANT TO THE POSITION FOR WHICH YOU HAVE APPLIED.			

EDUCATION					
NAME	ADDRESS	YEARS COMPLETED	DID YOU GRADUATE	COURSE OF STUDY	
HIGH SCHOOL					
COLLEGE				MAJOR	MINOR
OTHER					

REFERENCES		
NAME AND ADDRESS	TELEPHONE	YEARS KNOWN
NAME AND ADDRESS	TELEPHONE	YEARS KNOWN
NAME AND ADDRESS	TELEPHONE	YEARS KNOWN

**MISCELLANEOUS INFORMATION**

Have you been convicted of a crime in the past 7 years? (A conviction record will not necessarily be a bar to employment)  Yes  No

If **Yes**, please explain and describe in full detail:

Have you been convicted or accused of child abuse or other child offenses?  Yes  No

If **Yes**, please explain and describe in full detail:

Can you verify your legal rights to work in the U.S. by providing a birth certificate, proof of U.S. Citizenship, or by some other means?  Yes  No

If you are under 18, are you able to furnish a work permit?  Yes  No

Are you able to perform the job(s) for which you are applying?  Yes  No

**APPLICANT'S CERTIFICATION - Please read carefully before signing.**

I certify that the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that, if I become employed, a misrepresentation or omission of fact in this application may result in my discharge from employment. I authorize EMCMHC, as part of its evaluation of my suitability for employment, the authority to investigate all of the statements contained in this application.

I further acknowledge and agree that no representative of EMCMHC has the authority to enter into any employment agreement. I understand and agree that, if I am employed, EMCMHC may terminate my employment at any time and for any or no reason without prior notice during my probationary period.

APPLICANT'S SIGNATURE	DATE
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**DO NOT WRITE BELOW - FOR COMPANY USE ONLY**

Interview <input type="checkbox"/> Yes <input type="checkbox"/> No
Date _____ Time _____
Interviewed By _____