



EMPLOYMENT APPLICATION

Today's Date: _____

Applicant Name: _____
(Last) (First) (Middle Initial)

Is additional information concerning change of name or use of assumed name/nickname(s) necessary to check on your employment history? Y N If yes, please explain and provide other name(s): _____

Social Security Number: _____

Current Physical Address:

Current Mailing Address:(Same as Physical: ___Y___ N)

(Number and Street)

(Number and Street, or P.O. Box #)

(City, State, and Zip Code)

(City, State, and Zip Code)

Home Phone Number: _____

Cell Phone Number: _____

Email address: _____

Position(s) Applying For: _____
 Part Time Full Time Weekends Evenings Overnights

Date you can start, if hired?: _____ Salary desired?: _____

Are you over the age of 18? Y N

How were you referred to this agency? _____

Have you ever applied to this agency before? Y N If yes, when?: _____

Have you ever been employed by this agency before? Y N If yes, when?: _____

Do you know anyone who works for this agency? Y N
If yes, who and their relation to you, if applicable?: _____

Are you a U.S. citizen? Y N

If no, can you provide proof of your legal right to work in the U.S.? Y N

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Y N

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

Are you able to perform the essential functions of the job(s) for which you are applying, either with or without reasonable accommodation? Y N If no, describe the functions that cannot be performed: _____

(Note: This Agency complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

WARREN WASHINGTON ASSOCIATION FOR MENTAL HEALTH, INC.

EDUCATION	Name & Address of School	# of Years Completed	Graduate?	Date of Graduation	Degree/Diploma Earned
HIGH SCHOOL			[] Y [] N		
COLLEGE/ UNIVERSITY			[] Y [] N		
OTHER			[] Y [] N		

MILITARY EXPERIENCE? [] Y [] N **If yes, Branch:** _____
Rank: _____ **Years of Service:** _____ **Duties:** _____

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in case that they make you especially suited for working with us? [] Y [] N
If yes, please explain: _____

Are you currently employed? [] Y [] N **If yes, may we contact your current employer?** [] Y [] N

Complete the following regarding your employment history, starting with the most recent, or current, employer first:
 (Even if you have attached a resume, this section must be completed)

Employment Dates	Name / Address of Employer	Contact Information	Position/ Duties	Reason for leaving	May we contact?
From: To:		Name: Phone #:			[] Y [] N
From: To:		Name: Phone #:			[] Y [] N
From: To:		Name: Phone #:			[] Y [] N
From: To:		Name: Phone #:			[] Y [] N

Please identify and explain any gaps of employments greater than three (3) months: _____

References: List below three persons, not related to you, who have knowledge of your work performance, and at least one person who can speak to your character traits personally.

Name	Relationship	# of Years Acquainted	Email Address	Contact Number

Please read and initial each paragraph, then sign below. By initialing each section and signing below you are affirming that you have thoroughly read and understand all information documented:

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure employment can be grounds for rejection of application or, if I am employed by WWAMH, terms for my immediate dismissal from the agency.

_____ (initials)

I understand that if I am employed by WWAMH, my employment is not definite and can be terminated at any time either with or without cause or prior notice, at the option of either myself or the agency. If hired I agree to adhere to all agency policies and procedures.

_____ (initials)

I permit the agency to examine and obtain copies of records relating to my references, record of employment, education record, and any other information that I have provided, and I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure.

_____ (initials)

I understand that the agency, in obligation to complete Medicaid Exclusion Checks to comply with federal mandates, will be checking my name and personal information (i.e. – date of birth and/or social security number) initially, and if hired on a routine basis, against federal and state databases which contain names of individuals/entities who are excluded from any health care program as a result of engaging in fraud or abuse, or for certain other misconduct related to the Federal health care programs. I understand that an offer of and continual employment is contingent upon the completion of this check by the agency.

_____ (initials)

I further understand that the agency, in obligation to comply with the New York State Justice Center for the Protection of People with Special Needs, my name, date of birth and social security number will be utilized to check the Justice Center’s Staff Exclusion List (SEL), which contains the names of individuals (e.g., employee, volunteer, intern, consultant, contractor) found responsible for serious or repeated acts of abuse and neglect against the special needs population. I understand that individuals on the Staff Exclusion List (SEL), who would as part of their job function, have the potential for regular and substantial contact with clients, will be prohibited from being hired by this agency.

_____ (initials)

Furthermore, if employed, I agree:

- To treat all clients with kindness and consideration while adhering to the rights of each clients;
- To report improper treatment of clients;
- To work any assigned shift, including overtime as necessary, as designated by my supervisor;
- To take necessary immunization against contagious diseases; and,
- To permit inspection of my belongings and containers by the appropriate agency authorities or external law enforcement agencies, when deemed appropriate.

Applicant Signature: _____ Date: _____

Warren Washington Association for Mental Health is a 100% tobacco-free environment.

This Agency is an equal opportunity employer and will not discriminate against any employee or applicant for employment because of race, creed, color, origin, sex, age, disability, marital status, or sexual orientation. Employment with this Agency is not for a specific term and it can be terminated, by either the employee or the Agency, with or without cause and with or without notice, at any time, and at will.