

EMPLOYMENT APPLICATION

1301 North High Street
Columbus, Ohio 43201
Phone: 614-299-6600 + Fax: 614-298-2227
Email: HR@ncmhs.org

North Central Mental Health Services, Inc. follows applicable federal and state regulations governing fair employment.

Opportunity for employment with North Central Mental Health Services, Inc., or for any of its services, is open to any persons without regard to race, color, religion, sex (including sexual harassment/wages/pregnancy), national origin/genetics, disability (mental/physical), sexual orientation, age, retaliation and military or veteran status.

As an applicant, your right to privacy shall be respected. The result(s) of any inquiry made in connection with your application for employment shall be treated in confidence by North Central Mental Health Services, Inc.

Provide all requested information by printing in black ink or typing. Use the 'TAB' key to move through PDF document.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Date
Mailing Address	City	State	Zip
Email Address	Home Phone	Cell Phone	
Have you previously applied with, worked or volunteered for North Central or Suicide Prevention Services? <input type="checkbox"/> YES <input type="checkbox"/> NO		How did you hear about his position?	
Please specify:		<input type="checkbox"/> Internet, what site? <input type="checkbox"/> Newspaper, which? <input type="checkbox"/> Referral, who? <input type="checkbox"/> Other, specify:	

POSITION

Position Sought	Are you legally eligible to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date Available to Begin Work	Will Accept <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary
Shift(s) Available to Work <input type="checkbox"/> 1 st Shift <input type="checkbox"/> 2 nd Shift <input type="checkbox"/> 3 rd Shift <input type="checkbox"/> Rotating	Days Available for Work <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat
The position for which you are applying may require driving. If so, do you have an automobile? <input type="checkbox"/> YES <input type="checkbox"/> NO	If the position you are applying for requires a valid driver's license, you will be required to provide the information at the time of interview. Any person with an out-of-state license that an offer of employment is extended to must obtain a valid Ohio State Driver's License prior to the first working day.
Based upon the requirements of the position for which you are applying, are you able to perform the essential functions of the job? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If no, please explain:	
Have you ever plead guilty to or been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:	

VETERAN INFORMATION

Branch of Service	Date of Entry	Date of Discharge
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EDUCATION and TRAINING

Most recent graduate or undergraduate training listed first						
School Type	Name and Location	Years Completed	Graduate	Degree Earned	Year Attained	Major or Subject
Graduate or Professional			<input type="checkbox"/> YES <input type="checkbox"/> NO			
College or University			<input type="checkbox"/> YES <input type="checkbox"/> NO			
College or University			<input type="checkbox"/> YES <input type="checkbox"/> NO			
Military University			<input type="checkbox"/> YES <input type="checkbox"/> NO			
Technical Training			<input type="checkbox"/> YES <input type="checkbox"/> NO			
High School or GED			<input type="checkbox"/> YES <input type="checkbox"/> NO	Graduation or GED test date is not required.		
Occupational License, Certificate or Registration		Number		Where Issued		Expiration Date
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Languages read, written or spoken fluently (other than English):						
List all pertinent skills and/or equipment that you can operate:						

WORK EXPERIENCE

List most recent first. Include ALL employment history, volunteer work, work/study programs and internships.		
Employer	Telephone	From Mo/Year
Address or Work Location		To Mo/Year
Job Title	Supervisor Name	Hours Weekly
Specific Duties (if supervisory, indicate extent)	Reason for Leaving	Last Wage
		May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Employer	Telephone	From Mo/Year
Address or Work Location		To Mo/Year
Job Title	Supervisor Name	Hours Weekly
Specific Duties (if supervisory, indicate extent)	Reason for Leaving	Last Wage
		May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO

WORK EXPERIENCE, continued

Employer	Telephone	From Mo/Year
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Address or Work Location		To Mo/Year
Job Title	Supervisor Name	Hours Weekly
Specific Duties (if supervisory, indicate extent)	Reason for Leaving	Last Wage
		May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Employer	Telephone	From Mo/Year
Address or Work Location		To Mo/Year
Job Title	Supervisor Name	Hours Weekly
Specific Duties (if supervisory, indicate extent)	Reason for Leaving	Last Wage
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Employer	Telephone	From Mo/Year
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WORK EXPERIENCE, continued

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Address or Work Location		To Mo/Year
Job Title	Supervisor Name	Hours Weekly
Specific Duties (if supervisory, indicate extent)	Reason for Leaving	Last Wage
		May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO

REFERENCE INFORMATION

List below reference information for at least four (4) immediate supervisors, professors or academic coaches, not employed by the same company.

1	Name	Title	Telephone
	Company	Department	Email Address
2	Name	Title	Telephone
	Company	Department	Email Address
3	Name	Title	Telephone
	Company	Department	Email Address
4	Name	Title	Telephone
	Company	Department	Email Address

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for North Central Mental Health Services, Inc. to employ me. I attest with my signature below that I have given North Central Mental Health Services, Inc. true and complete information on this application and that no requested information has been concealed. If selected for interview, I further authorize North Central Mental Health Services, Inc. to conduct criminal background checks, public records checks, contact references provided and submit to pre-employment drug testing. I understand that any information provided that is found to be untrue, concealed or willfully misrepresented will constitute cause for denial of employment opportunity or dismissal from employment.

Signature of Applicant

Date of Signature

FOR PERSONNEL USE ONLY

Upon hire, you must personally appear before a Notary Public and submit your oath to solemnly swear or affirm that the answers provided to each and all questions contained in this application are complete and true to best of your knowledge. No offer of employment will be affirmed if this oath is omitted.

Subscribed and duly sworn before me according to law, by the above named applicant this ____ day of _____,
20____, at _____, County of _____, and State of _____.

(Seal)

Signature of Office

Title