

APPLICATION FOR EMPLOYMENT

Please print or type all information except signature.

Applicants for employment are considered without regard to race, religion, color, national origin, age, sex, disability, sexual orientation, veteran's status or other characteristic protected by law.

Date _____	Position(s) Applied For: _____
------------	--------------------------------

GENERAL INFORMATION

Referral Source – Please mark how you found out about the position you are applying for

- Newspaper
 Friend _____
 Relative _____
 Employment Agency
 Internet Search
 Professional Journal
 Walk-in
 Other _____

Name _____
Last First Middle

Address _____
Number Street City State Zip

Home Telephone (____) _____ E-mail address _____

Cell Phone (____) _____

If under 18, can you provide a work permit? Yes No

Have you ever filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Are you currently employed? Yes (If yes, may we contact your employer? Yes No)
 No

Are you a United States citizen (Proof of citizenship or immigration status may be required upon employment)?
 Yes No (If no, do you have a valid work permit? Yes No)

Employment desired: Full-Time Part-Time Shift Work Temporary Overtime

When are you available for work? _____

Can you travel if a job requires it? Yes No

CRIMINAL RECORD HISTORY:

In the past seven years, have you been convicted of any violation of law: felonies, misdemeanors and/or ordinance violations other than a minor traffic violation? (**Example: speeding is considered a minor violation; operating while intoxicated is major and should be disclosed**). If Yes, please explain (convictions, locations, and dates). Conviction will not necessarily disqualify an applicant from employment. The date of the offense, the nature of the offense, the surrounding circumstances and the relevance to the position(s) applied for may be considered. Please attach additional sheets if necessary.

I certify that answers given herein are true and complete to the best of my knowledge. I understand that false statements made on this application or incomplete information may eliminate me from further consideration for employment or may be grounds for dismissal.

Signature and date are required:

Signature _____ Date _____

OTHER SPECIAL SKILLS

Please list other special skills you may have, e.g., fluency in other languages, licenses, special training required for the position for which you are applying, etc.

WORK EXPERIENCE

Please list your work experience beginning with your **most recent** job. In "Work Performed" give a brief overview of your position – do not indicate "See Resume". If you were self-employed, give firm name. Attach additional sheets if necessary. Exclude organization names which indicate race, religion, color, national origin, age, sex, disability, sexual orientation, or veteran's status.

Most Recent Employer	Dates Employed From: To:	Work Performed (" <u>See Resume</u> " not acceptable)
City/State and Phone #	Supervisor	
Job Title	Reason for Leaving	Salary: Beginning Salary: _____ Final Salary: _____

Employer	Dates Employed From: To:	Work Performed (" <u>See Resume</u> " not acceptable)
City/State and Phone #	Supervisor	
Job Title	Reason for Leaving	Salary: Beginning Salary: _____ Final Salary: _____

Employer	Dates Employed From: To:	Work Performed (" <u>See Resume</u> " not acceptable)
City/State and Phone #	Supervisor	
Job Title	Reason for Leaving	Salary: Beginning Salary: _____ Final Salary: _____

REFERENCES

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone (____) _____

Telephone (____) _____

WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated.

AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future employment or benefits by this organization. I understand and agree that, if hired; my employment will be at-will in nature and may be terminated, with or without cause, with or without notice and at any time, by either myself or my employer. I further understand that if I become employed by the organization, I will not be guaranteed employment for any definite period of time. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge if discovered at a later date.

NOTIFICATION AND AUTHORIZATION TO REQUIRE A MEDICAL EXAMINATION

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do the job. I understand that I may also be required to undergo a pre-employment or post-employment medical exam by the VFCMHC' designated health practitioner.

NOTIFICATION AND AUTHORIZATION TO CONTACT REFERENCES AND CONDUCT BACKGROUND INVESTIGATION

I understand that I may be subject to a background check, and hereby authorize Vera French Community Mental Health Center, or any of its affiliates, to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records and credit history through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. I authorize and give permission for the individuals listed as references to provide written information and/or verbally discuss my background with Vera French Community Mental Center, or any of its affiliates.

This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

PLEASE SIGN HERE: _____ **Date** _____

Vera French Community Health Center, and its affiliates, is committed to the principle of equal opportunity and employment. The VFCMHC does not discriminate on the basis of race, religion, color, national origin, age, sex, disability, sexual orientation, veteran's status or other characteristic protected by law in admission to, access to, or treatment in, or employment in its programs and activities. The following person has been designated to handle inquiries regarding the VFCMHC nondiscrimination policies: Manager, Human Resource Services, Vera French Community Mental Health Center, 1441 W. Central Park Avenue, Davenport, IA 52804. Inquiries concerning the application of nondiscrimination policies may be also referred to: U.S. Office for Equal Opportunity and Civil Rights Commission at www.ed.gov.

Thank you for applying to Vera French Community Mental Health Center.

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, religion, color, national origin, age, sex, disability, sexual orientation, or veteran's status.

As employers and government contractors, we comply with the government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting, and other legal requirements, please fill out the Application Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment.

Positions(s) applied for:

Referral Source Newspaper Friend Relative Employment Agency HigherEdJobs.com
 Internet Search Professional Journal Walk-in Other_____

Name _____
Last First Middle Maiden

Address _____
Number Street City State Zip

Telephone (____) _____

Affirmative Action Survey	Check one	Check one	Check any that apply
Government agencies require periodic reports on the sex, ethnicity, disability, and veteran status of applicants. Submission of information about a disability is voluntary. This data is for analysis and affirmative action only.	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Two or more Races	<input type="checkbox"/> Disabled <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran

Special Employment Notice to disabled veterans, Vietnam Era veterans, and individuals with a physical or mental disability.

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below:

Disabled individual Disabled Veteran Vietnam Era Veteran

Signature: _____ **Date** _____

