# C:\Users\colaiannej\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\F9UH3LWY\CMHP-SEMI-Logo-Long.jpg

# We consider applications for all positions without regard to race, color, religion, sex, national origin, age, disability, marital status, height, (sexual orientation) weight, citizenship status, genetic information or any other legally protected status.

|  |  |
| --- | --- |
| Position applying for: |  |

# Employment Application (please type or print)

## Applicant Information

(Incomplete information may disqualify the application from further consideration)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date Available: |  | Desired Salary: | $ |

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| --- |
| Are you at least 18-years-old? Yes:  No: |
| If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes:  No: |

|  |  |
| --- | --- |
| Are you authorized to work in the U.S.? | Yes:  No: |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have a valid Michigan driver’s license? Yes:  No: | | Expiration Date: |  |
| Driver’s License Number: |  | License State of Issue: |  |

License Type: Operator:  Commercial (CDL)  Commercial (CDL Up Endorsement)

|  |  |
| --- | --- |
| Have you ever been convicted of a felony? | Yes:  No: |

|  |  |
| --- | --- |
| If yes, explain: |  |

Do you have any felony charges pending against you? Yes:  No:

Criminal background checks may be conducted on prospective employees offered. New employees may not be added to the payroll until verification is received through primary source verification.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? Yes:  No:

***Michigan law requires employers to make accommodations to applications who are persons with disabilities and such employees where the accommodation does not impose an undue hardship on the employer. Persons with disabilities who are employees and applicants may request an accommodation of their disability by notifying the Employer in writing of the need for accommodation within 182 days of the date the person knows or should know that an accommodation is needed. Failure to properly notify the Employer will preclude any claim that the Employer failed to accommodate the person with disabilities.***

## Employment Experience

Please list your work experience for the past seven to ten years beginning with your most recent job held, including any military experience. Attach additional pages if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Employer: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your current supervisor for a reference? | YES | NO |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Employer: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
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|  |  |  |  |
| --- | --- | --- | --- |
| Employer: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

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| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |  | Address: |  |

|  |  |  |
| --- | --- | --- |
| Did you graduate? | YES | NO |

|  |  |  |  |
| --- | --- | --- | --- |
| College: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| College: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

## Special Skills and Level of Skills

Specialized Skills and Level of Skill: B = Beginner I = Intermediate A = Advanced

|  |  |  |  |
| --- | --- | --- | --- |
|  | Electronic Health Record (E.II or other) |  | Microsoft Word |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Microsoft Access |  | Microsoft PowerPoint |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Microsoft Excel |  | Microsoft Project |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Microsoft InfoPath |  | Microsoft Publisher |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Microsoft Outlook |  | Microsoft Visio |

|  |  |
| --- | --- |
| Other (please specify): |  |

## List licenses, professional, trade, apprenticeship, business,

## civic or academic membership activities and offices held:

## (if you need additional space, please continue on a separate sheet of paper)

|  |
| --- |
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|  |

## References

Please list three professional references.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: |  | | Relationship: |  |
| Company: |  | | Phone: |  |
| Email Address: |  | | | |
|  |  | |  |  |
| Full Name: |  | | Relationship: |  |
| Company: |  | | Phone: |  |
| Email Address: | |  | | |
|  |  | |  |  |
| Full Name: |  | | Relationship: |  |
| Company: |  | | Phone: |  |
| Email Address: |  | | | |

## Disclaimer and Signature

I certify that my answers are true and complete. I authorize investigation of all statements, including references, contained in this application for employment as may be necessary in arriving at an employment decision. I also specifically waive any written notice requirements of Section 67 of 1978 PA 397 pertaining to disciplinary reports, letters of reprimand or other disciplinary actions. I also waive any claim against CMHPSM and all current or former employers arising from such investigation or disclosure, including, but not limited to, slander and libel, that may result from furnishing any information to CMHPSM. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, in the absence of an express written contract or agreement to the contrary; any employment relationship with CMHPSM is of an “at will” nature, which means that the employee may resign at any time and the Employer may discharge employee at any time with or without cause.

The undersigned applicant agrees, authorizes and consents to the procurement of a Consumer Report and/or an Investigate Consumer Report and understands that it may contain information about the applicant’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I certify that CMHPSM has provided a separate notice of my rights under the Fair Credit Reporting Act. In the event of employment, I understand that false or misleading information given in my application or interview(s) would be grounds for discharge. I understand, also, that I am required to abide by all rules and regulations of CMHPSM. I further understand that if I am offered employment, a physical which may include drug testing (at CMHPSM expense) may be required, proof of educational and licensing attainment must be submitted, and if any driving will be done for CMHPSM purposes, I must be both eligible to drive and be qualified for insurance coverage. Employment by CMHPSM is conditioned upon such results being satisfactory to CMHPSM.

**I agree that any action or suit against CMHPSM or its board elected or appointed officials, officers an/or employees arising out of my application for employment, employment, or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Applications must be submitted through email to Stephannie Weary: wearys@cmhpsm.org