

Please fill out in ink

**MANISTEE-BENZIE COMMUNITY MENTAL HEALTH SERVICES
310 N. GLOCHESKI DR.
MANISTEE, MI 49660
231-723-6516**

AN EQUAL OPPORTUNITY EMPLOYER

Date _____ **Position Desired** _____

Name _____ **Salary Desired** _____
Last First Middle

Address _____ **When can you start** _____
Street **Home Phone No.** _____

City _____ **County** _____ **Work Phone No.** _____

State _____ **Zip** _____ **Are you interested in Full Time** _____
Part Time _____

Social Sec. No. _____

If the position that you are applying for requires you to drive, do you have a valid Driver's License in this State? _____ **Yes** _____ **No** _____ **If Yes, License No.** _____

Are you 18 years or older? _____ **Yes** _____ **No**

Have you ever been convicted of a felony? _____ **Yes** _____ **No**

Have you ever been disciplined for abuse or neglect? _____ **Yes** _____ **No**

Have you ever had a state license or state certification revoked and/or suspended? _____ **Yes** _____ **No**
If Yes, please explain _____

Have you ever applied for a job with Manistee-Benzie Community Mental Health Services before?
_____ **Yes** _____ **No** _____ **If Yes, when** _____

How did you hear about the position that you are applying for (i.e. newspaper ad, referred by current employee, etc.)? _____

If referred by current employee, please give employee's name _____

Manistee-Benzie Community Mental Health Services may from time to time share applications of employment candidates with other Community Mental Health agencies in adjacent counties. May we share your application? _____ **Yes** _____ **No**

Please list specific skills you may possess for the job you applied for:

EDUCATION

HIGH SCHOOL

Name

Location

Years completed/Graduated

Subjects Studied

**UNDERGRADUATE
COLLEGE**

Name

Location

Years completed/Graduated

Degree/Courses

**GRADUATE
PROFESSIONAL**

Name

Location

Years completed/Graduated

Degree/Courses

OTHER

Name

Location

Years completed/Graduated

Degree/Courses

MILITARY SERVICE

Have you been in the Military Service?

_____ Yes

_____ No

If Yes, rank _____

What Branch of the Service were you in? _____

Are you currently a member of the National Guard or Reserves?

_____ Yes

_____ No

EMPLOYMENT HISTORY

Please supply the information below beginning with your most recent employment:

EMPLOYER _____ **TITLE/JOB** _____

ADDRESS _____ **PHONE** _____

DATE STARTED _____ **DATE LEFT** _____

DUTIES _____

SALARY RECEIVED _____ **SUPERVISOR'S NAME** _____

REASON FOR LEAVING _____

EMPLOYER _____ **TITLE/JOB** _____

ADDRESS _____ **PHONE** _____

DATE STARTED _____ **DATE LEFT** _____

DUTIES _____

SALARY RECEIVED _____ **SUPERVISOR'S NAME** _____

REASON FOR LEAVING _____

EMPLOYER _____ **TITLE/JOB** _____

ADDRESS _____ **PHONE** _____

DATE STARTED _____ **DATE LEFT** _____

DUTIES _____

SALARY RECEIVED _____ **SUPERVISOR'S NAME** _____

REASON FOR LEAVING _____

PERSONAL REFERENCES (Not relatives or employers)

Name	Address	Phone No.	Occupation
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Name	Address	Phone No.	Occupation
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EMPLOYMENT REFERENCES

Name	Address	Phone No.	Occupation
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Name	Address	Phone No.	Occupation
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I certify that the information contained in this application is correct and understand that falsification of this information is grounds for dismissal. I authorize the references listed above and my former and/or current employer(s) to give you any and all information concerning my previous or current employment and any lawful information that they may have, personal or otherwise, and release all parties from all liability for any damages, causes of action, including, but not limited to, slander and libel, that may result from furnishing any information to you. In consideration of my employment, I agree to conform to the rules and regulations of Manistee-Benzie Community Mental Health Services and, unless contrary to a collective bargaining agreement, agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, and my employment relationship is at will for the first year of employment. I understand that no manager or representative of Manistee-Benzie Community Mental Health Services has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Date

Signature of Applicant