

MOHAVE MENTAL HEALTH CLINIC, INC.

An Equal Opportunity Employer
APPLICATION FOR EMPLOYMENT

Name (print) _____			Date _____
FIRST	INITIAL	LAST	
Present Address _____		CITY & STATE _____	ZIP _____
STREET			
Previous Address _____		CITY & STATE _____	ZIP _____
STREET			
IF LESS THAN 6 MONTHS			
Telephone No. _____			

Position Desired _____ Date Available _____ Salary Desired _____

Referred By _____ Have you worked for us before? _____ If yes, when? _____
(Newspaper, website, employee, etc.)

Have you ever been refused employment or terminated by any other MMHC location? No _____

Relatives employed by MMHC _____

Are you willing to work overtime if requested? No Yes

School	How Many Years	Name of School	Location	Major Subjects	Did you graduate? (Degrees)
Grammar					
High School					
College					
Correspondence					
Other					

What business machines can you operate? _____

Are their other experiences, skills or qualifications which you feel would especially fit for work at MMHC? _____

Have you ever been convicted of a felony or been released from jail/prison as a result of a prior conviction .
 No Yes If "Yes", explain: _____

UNITED STATES MILITARY RECORD

Have you ever served in the Armed Forces? No Yes If "Yes", what branch _____
 From _____ To _____ Rank _____ Reserve or National Guard Status _____

List employment for the last 5-7 years

Dates		Name, Full Address and Phone No. of Employer	Rate of Pay		Position
From	To		Start	Finish	
Kind of Business:					
Reason for Leaving:					
Describe in detail the work you did:					

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Employment History Continued

Dates		Name, Full Address and Phone No. of Employer	Rate of Pay		Position
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Reason for Leaving:					
Describe in detail the work you did:					

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? YES NO If not, indicate below which one(s) you do not wish us to contact.

REFERENCES Give at least **3 professional** and **2 personal** ones (Not related to you).

Name and Occupation	Type of reference: personal or professional	Address	Phone Number

Are you at least 21 years of age? Yes No (If you are hired, you may be required to submit proof of age).
 Are you a U.S. citizen? Yes No
 If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

I certify that all information provided in this employment application is true and complete. I understand that any false information, omission, or misrepresentation may disqualify me from further consideration for employment and may justify dismissal if discovered at a later date.

I understand that this application of employment is not a contract of employment and that no offer of employment by any agent of MMHC, Inc., shall be considered valid until after completion of the entire application process including but not limited to, an interview, background checks, and testing for alcohol, controlled substance, illegal drugs.

I understand that, as a part of the procedure for processing this employment application, an investigative report may be made whereby information is obtained through personal interviews with third parties such as family members, business associates, prior employers, financial sources, educational institutions, or others with whom I am acquainted. This inquiry includes, but is not limited to, information as to character, general reputation, personal characteristics and reliability, whichever may be applicable.

I authorize the schools, references and my prior or current employers previously listed to provide my records, reason for leaving and all other information they may have concerning me, and I release all parties from any and all liability or claims for damage that may result therefrom. I understand that I have the right to make a written statement within a reasonable period of time for complete and accurate disclosure of additional information concerning the nature and scope of the inquiries.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with MMHC, Inc., is "at will", which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by a written document or by conduct unless such change is specifically acknowledged in writing by the Chief Executive Officer of MMHC, Inc.

Upon employment with MMHC, Inc., I will be required to provide acceptable documentation of birth and citizenship status within 3 days of employment.

As conditions of my employment with MMHC, Inc., I consent to provide samples of my blood and/or urine for analysis when reasonable requested during the course of my employment. I agree to abide the terms and conditions of all current MMHC, Inc., rules, guidelines, policies and procedures, as those terms and conditions may be modified by MMHC, Inc., from time to time. As a condition of my employment with MMHC, Inc., I expressly waive any right I might otherwise have had to a jury trial of claims arising from my employment or termination of my employment.

I have read, understand, and by my signature, consent to these statements.

Signature _____

Date _____

This application for employment will remain on file for 1 year from the date of submission.

DO NOT WRITE BELOW THIS LINE

Interview YES NO Date _____

Time _____

Result of interview _____

