

PMHC EMPLOYMENT APPLICATION

Penndel Mental Health Center is an equal opportunity employer and affords equal opportunity to all applicants for all position without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

NAME (Last, First, M. I.)		LAST FOUR OF SOCIAL SECURITY NUMBER		PHONE #:	
ADDRESS		CITY		STATE	
				ZIP	
				COUNTY	
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.?		ARE ANY RECORDS UNDER ANOTHER LAST NAME? IF YES, WHAT NAME?		DO YOU HAVE A VALID DRIVER'S LICENSE?	
PMHC POSITION APPLYING FOR?		HOW DID YOU HEAR ABOUT THIS POSITION?		IF REFERRED, BY WHOM?	
NAME OF EDUCATIONAL INSTITUTION		GRADUATED	DIPLOMA OR DEGREE	MAJOR COURSE OF STUDY	
HIGH SCHOOL					
COLLEGE OR UNIVERSITY					
GRADUATE OR PROFESSIONAL					
LIST ANY PROFESSIONAL ORGANIZATIONS, TRAININGS, SCHOOLING AND EXPERIENCE THAT WOULD RELATE TO THE POSITION WHICH YOU ARE APPLYING (Please Specify)					
EMPLOYMENT RECORD —LIST YOUR COMPLETE EMPLOYMENT RECORD INCLUDING PERIOD OF UNEMPLOYMENT STARTING WITH YOUR MOST RECENT POSITION (INCLUDE PAID UNEMPLOYMENT, VOLUNTEER WORK OR UNPAID WORK AND MILITARY SERVICES WHICH IN YOUR OPINION HELPS YOU QUALIFY FOR THE POSITION FOR WHICH YOU ARE APPLYING)					
1. NAME AND ADDRESS OF EMPLOYER		POSITION TITLE		NAME AND PHONE NO. OF SUPERVISOR	
		DATES OF EMPLOYMENT FROM: _____ TO: _____			HOURS EACH WEEK
DESCRIBE FULLY YOUR MAJOR DUTIES AND RESPONSIBILITIES					
REASON FOR LEAVING					
2. NAME AND ADDRESS OF EMPLOYER		POSITION TITLE		NAME AND PHONE NO. OF SUPERVISOR	
		DATES OF EMPLOYMENT FROM: _____ TO: _____			HOURS EACH WEEK
DESCRIBE FULLY YOUR MAJOR DUTIES AND RESPONSIBILITIES					
REASON FOR LEAVING					

3. NAME AND ADDRESS OF EMPLOYER	POSITION TITLE	NAME AND PHONE NO. OF SUPERVISOR
	DATES OF EMPLOYMENT FROM: _____ TO: _____	HOURS EACH WEEK

DESCRIBE FULLY YOUR MAJOR DUTIES AND RESPONSIBILITIES

REASON FOR LEAVING

OTHER EMPLOYMENT

4. NAME AND ADDRESS OF EMPLOYER	POSITION TITLE	NAME AND PHONE NO. OF SUPERVISOR
	DATES OF EMPLOYMENT FROM: _____ TO: _____	HOURS EACH WEEK

5. NAME AND ADDRESS OF EMPLOYER	POSITION TITLE	NAME AND PHONE NO. OF SUPERVISOR
	DATES OF EMPLOYMENT FROM: _____ TO: _____	HOURS EACH WEEK

WERE YOU EVER CONVICTED OF A CRIMINAL OFFENSE OR HAVE YOU EVER FORFEITED BOND OR COLLATERAL IN CONNECTION WITH A CRIMINAL CHARGE? (The term criminal offense is defined as any felony or misdemeanor, including a summary offense. Omit minor traffic violations and offenses committed under 18 years of age adjudicated in a juvenile court.) Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on the nature, severity, and amount of time elapsed. If "YES", give details in the space below.

(Please Circle One.) YES NO

***** PLEASE READ CAREFULLY BEFORE SIGNING *****

I HEREBY CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON THIS APPLICATION IS CORRECT, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I GIVE AUTHORIZATION FOR INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION, OR OMISSION OF ANY FACTS WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT IF ALREADY EMPLOYED REGARDLESS OF TIMING OR CIRCUMSTANCES OF DISCOVERY.

I UNDERSTAND THAT SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE EMPLOYMENT. I FURTHER UNDERSTAND THAT, SHOULD AN OFFER OF EMPLOYMENT BE EXTENDED BY PENNDEL MENTAL HEALTH CENTER (hereinafter referred to as "PMHC") THAT SUCH EMPLOYMENT IS AT-WILL, WHICH MEANS THAT EITHER THE COMPANY OR I CAN TERMINATE MY EMPLOYMENT AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT PRIOR NOTICE.

I UNDERSTAND THAT IF OFFERED A POSITION WITH PMHC, I WILL BE REQUIRED TO A PRE-AND/OR POST-EMPLOYMENT DRUG SCREENING AND BACKGROUND CHECK AS A CONDITION OF EMPLOYMENT. I UNDERSTAND THAT UNSATISFACTORY RESULTS FROM REFUSAL TO COOPERATE WITH, OR ANY ATTEMPT TO AFFECT THE RESULTS OF THESE TESTS AND CHECKS WILL RESULT IN DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION IF ALREADY EMPLOYED REGARDLESS OF TIMING OR CIRCUMSTANCES OF DISCOVERY.

I HEREBY AUTHORIZE ALL PARTIES, INCLUDING, BUT NOT LIMITED TO, SCHOOLS, FORMER EMPLOYERS, AND ANY OTHERS WHO HAVE INFORMATION ABOUT ME TO PROVIDE SUCH INFORMATION TO PMHC AND/OR ANY OF ITS REPRESENTATIVES AND I RELEASE ALL PARTIES INVOLVED FROM ANY AND ALL LIABILITY FOR ANY AND ALL DAMAGE THAT MAY RESULT FROM PROVIDING SUCH INFORMATION.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

SIGNATURE

DATE