



Application for Employment

Date _____

Comprehensive Mental Health Services, Inc. (CMHS, Inc.) requests the following information to help us make the best possible placement. You should complete all portions of this application that pertain to you. If offered employment and accept, you will be asked to show you are 16 years of age or over and provide proof of eligibility to work in the USA. We appreciate the time you spend in completing this form. CMHS, Inc. is an equal opportunity employer and does not discriminate in employment due to race, color, religion, sex, national origin, ancestry, marital status, age, sexual orientation, or handicap.

*NAME: _____
Last First MI

Address: _____
Street City State Zip

Phone: (Home) _____ (Work) _____

* Please show any other name(s) you have used.

Do you have any relatives in our employment? _____ Yes _____ No If yes, please list. _____

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

Have you ever been employed with us before? _____ Yes _____ No If yes, give date. _____

Position desired: _____

When can you start work? _____ Can you legally be employed in the USA? _____ Yes _____ No

EDUCATION: Please list your education and certifications:

Education	Name and Location	No of Years	Did You Graduate	Major and degree
High School				
College				
Graduate School				
Trade/Other				
Trade/Other				

Other educational/certificate training _____

Special Skills _____

Have you been convicted of a felony or misdemeanor criminal offense? _____ Yes _____ No

If yes, Please explain: _____

Do you speak, read and/or write another language: Please list: _____

Do you know/use American Sign Language? _____ Yes _____ No

Work History

Please list your last three employers **

Dates of Employment	Name, Address and phone number Of Employer	Position/Job/Supervisor	Reason for Leaving

** If not shown above, please list, on a separate sheet and attach to the application, employers where your work experience was similar to our requirements.

Please list the employers you do not want us to contact. _____

References: Give names and phone number of persons not related to you, whom you have known for at least one year.

Name	Address	Phone Number	Years Acquainted

-- PLEASE READ CAREFULLY BEFORE SIGNING --

I certify that the information contained in this application is true and complete. Any falsification, misrepresentation or omission of fact by me on this application is grounds for disqualification from further consideration or for immediate dismissal if employed. You are hereby authorized to make any investigation of my personal history, criminal history, and work history.

I agree to submit to a drug screening and have a physical examination as required for my position.

I understand that receipt of this application by CMHS, Inc. does not guarantee a job interview or offer of employment. This application is not a contract of employment. If employed, I will be an employee "at will" and either CMHS, Inc. or I may terminate my employment at any time with or without notice for any reason.

Applicant's Signature

Date

DO NOT WRITE BELOW THIS LINE

Interviewed by _____
Name Date

Disposition _____



COMPREHENSIVE

MENTAL HEALTH SERVICES, INC.

10901 WINNER ROAD • INDEPENDENCE, MO 64052-0169
P.O. BOX 520169 • TELEPHONE: (816) 254-3652

The Comprehensive Mental Health Services, Inc. shall not fail to hire, discharge, or discriminate among applicants for employment or employees in terms, conditions and privileges of employment because of race, color, religion, national origin, sex, disability status, persons 40 to 70 years of age or disabled and Vietnam-era veterans. Reasonable accommodations shall be made for disabled persons who are applicants and employees capable of performing the essential qualifications of their positions. This corporation shall not limit, segregate or classify applicants and employees so as to tend to, or to deprive, any applicant or employee of employment opportunity or adversely affect the employment opportunity of such persons because of race, color, religion, national origin, sex, disability status, persons 40 to 70 years of age or disabled and Vietnam-era veterans.

Our organization is an equal opportunity employer with an affirmative action program. To help us analyze our recruitment policy, we request that you voluntarily complete this questionnaire. The information you supply will be kept confidential and will be used only for affirmative action purposes. Your choice not to respond will not adversely affect your employment opportunity since the information is not part of our personnel system. Thank you for your consideration.

SEX: Male Female

ETHNIC ORIGIN: White African American Hispanic
 Asian/Pacific Island Amer. Indian/Alaskan Other

AGE: 40 - 70 Yes No

DISABILITY: Yes No

Definition: A disability means a physical or a mental impairment that substantially limits a major life activity so that an employee has difficulty in maintaining or advancing in employment without reasonable accomodation being made for the person. Included in the definition are: persons with a disability, persons with a record of a disability, and persons considered to have a disability.

DISABLED VETERAN: Yes No

Definition: A disability compensation rated at 30% or more or discharged for a disability incurred or aggravated in the line of duty.

VIETNAM-ERA VETERAN: Yes No

Definition: A person on active duty for more than 180 days (or discharged for a service connected disability), and any part of the duty occurred between August 5, 1964 and May 7, 1975, and with other than a dishonorable discharge.

REFERRAL SOURCE: _____

DATE OF APPLICATION: _____

POSITION APPLIED FOR: _____

NAME (Optional): _____

STREET ADDRESS (Optional): _____

CITY, STATE, ZIP CODE (Optional): _____