



APPLICATION FOR EMPLOYMENT

Position Information	
Title of Position for which you are applying	
Date of Application	

Person Information			
Last Name	First Name	Middle Initial	Maiden Name
Address		City	State, Zip Code
Date of Birth		Social Security Number	
Phone	Home	Email Address (es)	
	Work		
	Cell		

Secondary and Postsecondary Education						
	School/College	Dates Attended From/To (Month/Year)		Major	Minor	Degree (s) Earned
High School/GED						
College						
College						
College						
College						
Other (Specify)						

Employment History

Please list most recent employment first.

Employer		Telephone
Address, City, State, Zip Code		Dates of Employment (Start date/End Date)
Title	Hourly Rate/Salary	Full-Time (F/T) or Part-Time (P/T) Position
Reason for Leaving		Supervisor
Job Duties		Supervisor Phone Number

Employer		Telephone
Address, City, State, Zip Code		Dates of Employment (Start date/End Date)
Title	Hourly Rate/Salary	Full-Time (F/T) or Part-Time (P/T) Position
Reason for Leaving		Supervisor
Job Duties		Supervisor Phone Number

Employer		Telephone
Address, City, State, Zip Code		Dates of Employment (Start date/End Date)
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Job Duties		Supervisor Phone Number

Please attach additional pages if needed

May we contact your present employer?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
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Skills, Certifications, Awards, or Professional Activities

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References

Name and Title	Address	Phone Number

Felony Conviction (s)

Have you ever been convicted of or pled no contest or guilty to any felony or any crime involving theft, dishonesty, violence, or sexual misconduct.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If YES, explain below:

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Family Relationship Disclosure

For the purposes of disclosure, relative includes the following: spouse, dependent, adult child and his or her spouse, parent, spouse's parents, sibling and his or her spouse.

Are you a relative of any employee in the Eagles' Wings, Inc. or Department of Mental Health?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, list the name (s), relationship, and employer/position of relative (s)

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Consent Agreement

I represent and warrant that the information I have given on this application is full and true to the best of my knowledge and belief. I further acknowledge that I understand that I must provide documented verification of education, experience, and required certifications and/or licensures. And further, I represent and warrant that I have answered fully and truthfully all questions regarding criminal convictions/records. **I understand that any offer of employment is contingent upon a satisfactory criminal background investigation, and I hereby authorize my employing authority within the Department of Mental Health and/or its assigns to conduct a criminal background history investigation.** I hereby expressly request and give permission to, former employers and any persons who may have pertinent information concerning this application to furnish such information to Eagles' Wings officials. I agree to hold such persons harmless and do hereby release them from any and all liability for damage of any nature whatsoever for furnishing such information. I understand that failure to provide full and true information on this application may result in disqualification or dismissal.

Signature of Applicant

Date of Application