Copper Country Mental Health Services EMPLOYMENT APPLICATION

901 W. Memorial Road Houghton, MI 49931

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any legally protected status.

	(Please prin	t)						
Name:Last Name	First Name	Middle Name						
Address:	et City	State	Zip					
Telephone Number(s):								
Dayt	ime Number	Evening Number						
Position(s) Applied for:								
Date of Application:	Sc	ocial Security Number:						
How did you learn about us? Advertisement Friend Walk-in Government Agency Relative Other:								
If you are under 18 years old, can	you provide required pro	oof of your eligibility to work	? Yes	No				
Have you ever filed an application	Yes	☐ No						
Have you ever been employed wit	Yes	☐ No						
Are you currently employed?	Yes	No						
May we contact your present empl	Yes	No						
Are you prevented from lawfully be immigration status? (Proof of citizen		•	or Yes	☐ No				
On what date would you be availa	ble for work?							
Are you available for work:	Full-time Part-tir	me Temporary						
Can you travel if a job requires it?			Yes	No No				
Have you ever been convicted of a substantiated child protective serving of Yes, please explain	ices case?		Yes	☐ No				

EMPLOYMENT EXPERIENCE - Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

,	EMPLOYER	DATES EM	DLOVED	WORK DEDEODATE	
1.	LWIFLOTER			WORK PERFORMED	
		FROM	то		
	ADDRESS				
		HOURLY RATE/SALARY			
		STARTING	FINAL		
	TELEBLIONE NUMBER/O				
	TELEPHONE NUMBER(S)				
	JOB TITLE	SUPERVISOR		REASON FOR LEAVING	
	_				
	20				
2.	EMPLOYER	DATES EM	DI OVED	WORK PERFORMED	
	LWIFLOTEIT	FROM	то	WOTHER OTHER	
		PROW	10		
	ADDRESS				
	_ *				
		HOURLY RA	TE/SALARY		
		STARTING	FINAL		
	TELEBLIONE NUMBERICS				
	TELEPHONE NUMBER(S)				
	JOB TITLE	SUPERVISOR		REASON FOR LEAVING	
				and the second second	
9					
3.	EMPLOYER	DATES EMPLOYED		WORK PERFORMED	
ა.	EMPLOTER	FROM	TO	WORK PERFORMED	
		FNOW	10		
	ADDRESS				
		HOURLY RATE/SALARY			
		STARTING	FINAL		
	TELEDUONE NUMBER(S)				
	TELEPHONE NUMBER(S)				
	JOB TITLE	SUPERVISOR		REASON FOR LEAVING	
	- 150 Paris - Company of Printed Res Harry - Street Paris - Street				
4.	EMPLOYER	DATES EMPLOYED		WORK PERFORMED	
٠.	Lim Co. En	FROM	то	WORK! EN OTHER	
		THOM	10		
	ADDRESS		_		
		HOURLY RA	TE/SALARY		
		STARTING	FINAL		
	TELEBRIONE NUMBERIOS				
	TELEPHONE NUMBER(S)				
	110				
	JOB TITLE	SUPERVISO	R	REASON FOR LEAVING	

If you need additional space, please continue on a separate sheet of paper.

EDUCATION

	HIGH SCHOOL	COLLEGE/UNIVERSITY	GRADUATE OR PROFESSIONAL
SCHOOL NAME AND LOCATION			
YEARS COMPLETED			
DIPLOMA OR DEGREE	YES NO	YES NO	YES NO
IF YES, TYPE OF DEGREE			
DESCRIBE COURSE OF STUDY			
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA- CURRICULAR ACTIVITIES			
DESCRIBE ANY HONORS YOU HAVE RECEIVED			
List professional, trade, busi would reveal sex, race, relig			ay exclude memberships which or other protected status.)
Have you ever had any job-	, , , , , , , , , , , , , , , , , , , 		☐ Yes ☐ No
related to you and are not p		ss, telephone number of t	hree references who are not
1			
2			

APPLICANT'S CERTIFICATION AND AUTHORIZATION

APPLICANT PLEASE READ CAREFULLY

I certify that the answers that appear on this application are complete and true. I hereby authorize my present and former employer(s), to furnish their records of my service, my reason for leaving their employ, together with all information they may have concerning me whether on record or not. I give authorization to all state agencies to release information relating to driving record, criminal record, and licensing information as related to any position I may hold with the agency. I further authorize any law enforcement agency to issue any information they may have on record pertaining to me. I also release any individual, partnership or corporation which presently or formerly employed me, any school I attended, their officers, agent and employees and any law enforcement agency from any liability for any damage whatsoever for issuing such information in good faith and without malice concerning my competence, ethics, character and other qualifications.

I realize that falsification or omissions of any information on this application or during any interview, receipt of a poor reference or failure to successfully complete a physical examination at any time may be cause for my rejection or dismissal.

I will submit to any physical examination required by Copper Country Mental Health Services. If employed, I agree to observe at all times all agency rules and regulations.

Signature of Applicant	Date