

# Copper Country Mental Health Services

## EMPLOYMENT APPLICATION

901 W. Memorial, Houghton MI, 49931 www.cccmh.org

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 print legibly)

Name: \_\_\_\_\_  
Last Name First Name Middle Name

Address: \_\_\_\_\_  
Number Street City State Zip

Telephone Number(s): \_\_\_\_\_  
Daytime Number Evening Number

Email Address: \_\_\_\_\_

Position(s) Applied for: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

How did you learn about us?  Newspaper  Relative/Friend  Website: \_\_\_\_\_

Open Interview/Walk In  Government Agency  Employee: \_\_\_\_\_

If you are under 18 years old, can you provide required proof of eligibility to work?  Yes  No  N/A

Have you ever filed an application with us before?  Yes When? \_\_\_\_\_  No

Have you ever been employed with us before?  Yes  No

Are you currently employed?  Yes  No

May we contact your current employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? (Proof of citizenship/immigration status required for employment)  Yes  No

On what date would you be available to work? \_\_\_\_\_

Are you available for work:  Full-time  Part-time  Temporary

Can you travel if a job requires it?  Yes  No

Have you ever been convicted of a felony, misdemeanor, civil infraction, or a substantiated child protective services case?  Yes  No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.

1.	EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	ADDRESS	FROM	TO	
		HOURLY RATE/SALARY		
		STARTING	FINAL	
TELEPHONE NUMBER(S)				
	JOB TITLE	SUPERVISOR		REASON FOR LEAVING
2.	EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	ADDRESS	FROM	TO	
		HOURLY RATE/SALARY		
		STARTING	FINAL	
TELEPHONE NUMBER(S)				
	JOB TITLE	SUPERVISOR		REASON FOR LEAVING
3.	EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	ADDRESS	FROM	TO	
		HOURLY RATE/SALARY		
		STARTING	FINAL	
TELEPHONE NUMBER(S)				
	JOB TITLE	SUPERVISOR		REASON FOR LEAVING
4.	EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	ADDRESS	FROM	TO	
		HOURLY RATE/SALARY		
		STARTING	FINAL	
TELEPHONE NUMBER(S)				
	JOB TITLE	SUPERVISOR		REASON FOR LEAVING

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

## EDUCATION

	HIGH SCHOOL	COLLEGE/UNIVERSITY	GRADUATE/PROFESSIONAL
SCHOOL NAME AND LOCATION			
YEARS COMPLETED			
DIPLOMA OR DEGREE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, TYPE OF DEGREE			
COURSE OF STUDY			
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA CURRICULAR ACTIVITIES			
DESCRIBE ANY HONORS RECEIVED			

**SPECIAL SKILLS AND QUALIFICATIONS** – Summarize job-related skills and qualifications acquired from employment or other experience: \_\_\_\_\_

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List professional, trade, business or civic activities and office held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or handicap or other protected status.)

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Have you ever had any job-related training in the United States Military? YES  NO

If yes, please describe: \_\_\_\_\_

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**PERSONAL REFERENCES** – give name, address, telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## **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, agents 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.

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**Signature of Applicant**

**Date**