

**EMPLOYMENT APPLICATION**  
 Darke Co. Mental Health Clinic, Inc.  
 212 E. Main St  
 Greenville, Ohio 45331

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

(PLEASE PRINT IN INK)

<b>Position(s) Applied For</b>		<b>Date of Application</b>	
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone Number</b>	<b>Alternate Number</b>	<b>Social Security Number (If available)</b>	
<b>How Did You Hear About Us?</b>			
<input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Current Employee _____			
<input type="checkbox"/> Other _____			

Are you legally eligible to work in the United States? YES  NO   
*(Proof of eligibility will be required upon offer of employment)*

Are you over the age of 18 years? YES  NO   
*(If no, you may be required to provide authorization)*

Can you with or without reasonable accommodation perform the essential functions of this job? *(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)* YES  NO

Have you ever applied to Darke Co. Mental Health Clinic, Inc. before? YES  NO   
*(If yes, please give date.)* \_\_\_\_\_

Have you ever worked for Darke Co. Mental Health Clinic, Inc. before? YES  NO   
*(If yes, please give date.)* \_\_\_\_\_

Have you ever been convicted of a felony? *(A conviction will not necessarily disqualify you.)* YES  NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have a valid driver's license? (For driving positions only.) YES  NO

Have you been convicted of any moving violations in the past five years? YES  NO

If yes, please explain: \_\_\_\_\_

Is anyone related to you employed by Darke Co. Mental Health Clinic, Inc.? YES  NO

If yes, please give their name and relationship to you. \_\_\_\_\_

What salary or rate of pay do you expect to receive if employed? \_\_\_\_\_ per \_\_\_\_\_

Have you ever been fired or asked to resign from a job? YES  NO

If yes, please explain. \_\_\_\_\_

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

Days and Hours Available: (If employed, I will notify my supervisor in writing, should my availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

**EDUCATION**

	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/ Degree
Elementary				
High School				
College				
Graduate				
Vocational				

Please list any academic honors, scholarships, offices held, etc. (Do not list any which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status.)

Describe any specialized training, apprenticeships, licenses or skills.

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

Please give dates and explanation:

**EMPLOYMENT HISTORY** *(Begin with current or most recent employer.) Do not exclude any employment. Include any applicable temporary employment attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at Darke Co. Mental Health Clinic, Inc..)*

<b>Company Name</b>	<b>Employment Dates</b> From      To	<b>Salary</b> Start   End	<b>Name and Title of Supervisor</b>
<b>Address</b>		\$      \$	
<b>Phone</b>	<b>Describe your duties:</b>		
<b>Reason for leaving and explanation</b>			

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<b>Company Name</b>	<b>Employment Dates</b> From      To	<b>Salary</b> Start   End	<b>Name and Title of Supervisor</b>
<b>Address</b>		\$      \$	
<b>Phone</b>	<b>Describe your duties:</b>		
<b>Reason for leaving and explanation</b>			

Please provide any other information that you feel will help us in considering your application for employment.

**REFERENCES** (Please list three persons, who are not related to you or previous supervisors, who can provide professional references.)

Name	Address	Phone Number	Relationship / Occupation	Years Known

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**APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION**

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

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the 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 Darke Co. Mental Health Clinic, Inc. (hereinafter referred to as "DCMHC") that such employment with DCMHC is at will, for no specified duration and may be terminated by either DCMHC or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of DCMHC or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of DCMHC except the Executive Director has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Executive Director of DCMHC.

In consideration for employment with DCMHC, if employed, I agree to conform to the rules, regulations, policies and procedures of DCMHC at all times and understand that such obedience is a condition of employment. I understand that due to the nature of DCMHC business, attendance and punctuality are considered essential requirements of every job at DCMHC and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with DCMHC, I may be required to submit to a pre-employment medical examination, 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 pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to DCMHC and/or any of its representatives, agents or vendors and I release

**all parties involved from any and all liability for any and all damage that may result from providing such information.**

**I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.**

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Name and number of person completing this form if other than applicant:**

\_\_\_\_\_

**DARKE COUNTY MENTAL HEALTH CLINIC, INS. IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.**