

Employment Application

Applicant Information						
Full Name:				Date:		
	Last	First	Λ	Л.І.		
Address:						
	Street Address				Apartment/Unit	#
	City		5	State	ZIP Code	
Phone:			Email			
Date Availab	ole:	Social Security No.:		Desired S	Salary: \$	
Desition Ann						
Position App	onea ior:					
Are you a ci	Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.?					NO
	ver worked for this org	anization?		YES	NO 🗆	
Have you ev	er been convicted of	a felony?		YES	NO	
If yes, explain	in:					
If hired, would you have a reliable means of transportation to and from work?				YES	NO	
Are you at least 18 years of age?(If under 18, applicant is subject to verification that you are legal minimum age.)			t YES	NO		
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations?			y, YES	NO		
If no, describe the functions that cannot be performed.						

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)



We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

Education					
High School	: Address:				
From:	YES NO To: Did you graduate? \[\sqrt{D} \sqrt{D} \sqrt{Diploma::}				
College:	Address:				
From:	YES NO To: Did you graduate?				
Other:	Address:				
From:	YES NO To: Did you graduate?				
	References				
	three professional referencesRelationship	:			
0		:			
Address:					
Full Name:	Relationship	:			
Campani		:			
Address:					
Full Name:	Relationship	:			
Company:		:			
Address:					
	Previous Employment				
Company:	Phone	i			
Address:	Supervisor	:			
Job Title:	Starting Salary:\$ Ending S	Salary: \$			
Responsibili	ities:				
From:	To: Reason for Leaving:				
May we contact your previous supervisor for a reference?					



Company:				Phone:
				Supervisor:
Job Title:	Starting S	alary: <u>\$</u>		Ending Salary:\$
Responsibilities:				
From:	To:	Reason fo	or Leaving:_	
May we contact y	our previous supervisor for a reference?	YES	NO	
Company:				Phone:
Address:				Supervisor:
Job Title:	Starting S	alary: <u>\$</u>		Ending Salary:
Responsibilities:				
_	To:			
May we contact y	our previous supervisor for a reference?	YES	NO	
	Military	Service		
Branch:			From:_	To:
Rank at Discharg	je:	Type of	Discharge:	
If other than hono	orable, explain:			
	Disclaimer a			
I hereby employn certify th omission shall be	certify that I have not knowingly withheld a nent and that the answers given by me are at I, the undersigned applicant, have person or misstatement of material fact on this apgrounds for rejection of this application or fossed before discovery.	ny informat true and co nally comp oplication or	orrect to the leted this ap r on any doc	best of my knowledge. I further plication. I understand that any ument used to secure employment
-	authorize CalMHSA and/or HR Hero to to on and other matters related to my suitab		_	_



-	ess otherwise specified above. I furthed all letters, reports and other informated and other informated are set the content of		
	sclosure. In addition, I hereby release		
	tions, partnerships and associations fr		iabilities arising out
of or in any way r	elated to such investigation or disclos	ure.	
or during my emp Company. In add determinable per myself or the Cor	nothing contained in the application, obloyment, if hired, is intended to create ition, I understand and agree that if I a iod and may be terminated at any time inpany, and that no promises or representation in writing and signed by me and	e an employment contract between mam employed, my employment is for e, with or without prior notice, at the contractions contrary to the foregoing a	ne and the no definite or option of either are binding on the
	th federal law, all persons hired will be d to complete the required employmer		
I certify that my answers	are true and complete to the best o	f my knowledge.	
•	o employment, I understand that fals	,	application or
Signature:		Date:	