



## APPLICATION FOR EMPLOYMENT

The California Mental Health Services Authority (CaIMHSA) is committed to the principle of equal employment opportunity. We do not discriminate on the basis of sex, race, color, creed, national origin, age, religion, genetic information, sexual orientation, gender identity, gender expression, veteran or military status, disability, or any other legally protected characteristic.

**This application must be filled out completely, even if a resume is submitted. Be sure to read, sign and date the certification section on the last page. Incomplete applications will not be considered.**

### GENERAL INFORMATION

Date \_\_\_\_\_

Position(s) Applied For (1) \_\_\_\_\_

(2) \_\_\_\_\_

Referral Source  Friend  Relative  Employment Agency

Internet Search  Professional Journal  Other \_\_\_\_\_

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

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

Home Telephone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

If under 18, can you provide a work permit?  Yes  No

Have you ever filed an application here before?  Yes  No If yes, give date \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

If yes, may we contact your employer?  Yes  No

Are you legally authorized to work in the United States?  Yes  No  
(Proof of identity and legal authority to work in the United States will be required upon employment)

Employment desired:  Full-Time  Part-Time  Temporary

When are you available for work? \_\_\_\_\_

Can you travel if the job requires it?  Yes  No

EDUCATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Graduate School				
Other Schooling				
Special Honors				
Professional Licenses or Certifications (Name, License Number, Issuing Agency):				

**COMPUTER SKILLS**

Check off those computer skills with which you are proficient (any version).

PC User     
 Macintosh User     
 Windows     
 Microsoft Word     
 Microsoft Access  
 Microsoft Excel     
 Microsoft Publisher     
 Web Page Design/  
Maintenance     
 E-mail     
 Internet  
 Other. Please list \_\_\_\_\_

**DRIVER'S LICENSE (Only for positions which require driving)**

Do you have a driver's license?       Yes     No

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_

Expiration date \_\_\_\_\_

Have you had any accidents during the past three years?  Yes     No      How many? \_\_\_\_\_

Have you had any moving violations during the past three years  Yes  No      How many? \_\_\_\_\_

**MILITARY**

Are you a veteran of the United States military service?     Yes     No    If yes, what branch? \_\_\_\_\_

If yes, Date Entered \_\_\_\_\_      Date Discharged \_\_\_\_\_

If yes, please describe any special skills or training acquired while in the service:  
\_\_\_\_\_

**OTHER SPECIAL SKILLS**

Please list other special skills you may have, e.g., fluency in other languages, licenses, special training required for the position for which you are applying, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE**

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Attach additional sheets if necessary. **This must be completed even if attaching a resume.**

<b>Most Recent Employer</b>  May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	
<b>Employer</b>  May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

<b>Employer</b>  May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

<b>Employer</b>  May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

Can you perform the essential functions of the job for which you are applying either with or without a reasonable accommodation?

Yes  No If NO, please describe the type of reasonable accommodation that may be needed. Note: we comply with the Americans with Disabilities Act and comparable state and local laws. We consider all reasonable accommodation measures that may be necessary for eligible job applicants and employees to perform the essential job functions.

Have you entered into any noncompete, nonsolicitation, confidentiality, or other restrictive covenants or any employment agreement that may restrict or prohibit your employment here?  Yes  No If YES, please describe.

**REFERENCES**

Please list two references other than relatives.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

**WAIVERS AND DISCLOSURES**

Please read each section carefully and sign where indicated.

**AT-WILL EMPLOYMENT**

I understand that this employment application, or the granting of an interview, does not represent a contract of employment or a promise of future benefits by this Company. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or the Company. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this Company.

**CERTIFICATION OF TRUTH AND ACCURACY**

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge regardless of when discovered.

**NOTIFICATION REGARDING BACKGROUND INVESTIGATION**

I understand that I may be subject to a background investigation as a prerequisite to employment. If so, I understand that the Company will provide me with separate, standalone authorization and disclosure forms for me to sign that permit the Company or its designated third party to conduct the background investigation. I authorize my previous employers or other persons having information concerning my records or me to report that information to the Company, and I release my employers and other persons who may provide information from all liability for any damages on account of his/her furnishing said information during any such background investigation.

I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

**PERIOD OF ACTIVE APPLICATION**

I understand that this application will remain open until filled for the job for which I applied.

I hereby acknowledge that I have read the above statements and understand each of these statements.

Signature/Acknowledgement: \_\_\_\_\_ Date: \_\_\_\_\_