



## Mercer County Behavioral Health Commission, Inc.

### Application Cover Sheet

PLEASE READ THE FOLLOWING BEFORE COMPLETING OUR APPLICATION BLANK:

1. There is no guarantee of an interview or job offer after completing our application blank. Your application will be considered with others who have submitted applications and decisions about interviews will be based on this comparison.
2. Our application blank must be completely filled out for it to be considered for employment.
3. Please do not include or attach a resume to the application blank. Do not say “Refer to Resume” on the application blank. Should a resume be received, it will be immediately destroyed and will not be considered in the application process.
4. If the information provided on our application cannot be satisfactorily verified by employment reference checks, your application could be considered as incomplete.
5. If you submit a complete application blank and an interview is requested you will be contacted to schedule the interview in the time period allocated for interviews. If you are no longer available for, or interested in, employment at MCBHC please decline the interview request.
6. If you are interviewed an another candidate is offered and accepts the position, you will receive written correspondence.
7. Due to the large number of received applications and the competitive nature of our employment process, specific reasons for employment decisions will not be released.

I have read the above statements.

---

Signature of Applicant

---

Date



# Mercer County Behavioral Health Commission, Inc.

Administration/Prevention/Case Management  
724-662-1550 Fax: 724-662-1557

Central Intake/Evaluation/Emergency  
724-662-2230 Fax: 724-662-9292 Emergency: 724-662-2227

TO: All individuals expressing interest in employment with the  
Mercer County Behavioral Health Commission, Inc.

FROM: Administration

SUBJECT: Rights and Obligations for Employment Consideration

It is understood and agreed upon that any misrepresentation by me on an application or resume submitted for employment consideration will be sufficient cause for cancellation of consideration and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representing for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employers. The employer does not discriminate in employment and no question on an application or during an interview is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application submitted is current for 3 months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

MERCER COUNTY BEHAVIORAL HEALTH COMMISSION, INC.

APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Position (s) applied for \_\_\_\_\_ Date of application \_\_\_\_\_

Referral Source \_\_\_ Advertisement \_\_\_ Employee \_\_\_ Relative \_\_\_ Government Employment Agency
\_\_\_ Walk-in \_\_\_ Private Employment Agency \_\_\_ Other \_\_\_\_\_

Name of Source (if applicable) \_\_\_\_\_

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

Address \_\_\_\_\_ Street City State ZIP Code

Telephone Number \_\_\_\_\_

If necessary, best time to call you at home is \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

May we contact you at work? [ ] Yes [ ] No If yes, work number and best time to call: A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

If you are under 18 and it is required, can you furnish a work permit? [ ] Yes [ ] No

Have you submitted an application here before? [ ] Yes [ ] No

If yes, give dates and position(s): \_\_\_\_\_

Please list maiden name and/or any alias names, if applicable:

Are you legally eligible for employment in this country? [ ] Yes [ ] No
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Are you or have you ever been excluded from Medicaid or Medicare reimbursement? [ ] Yes [ ] No

If yes, please list the dates \_\_\_\_\_

Date available for work \_\_\_\_\_ Type of employment desired [ ] Full-Time [ ] Part-Time [ ] Temporary

Are you on lay-off and subject to recall? [ ] Yes [ ] No Will you work overtime if required? [ ] Yes [ ] No

Will you travel if job requires it? [ ] Yes [ ] No

Have you been convicted of a felony in the last seven (7) years? \_\_\_\_\_ [ ] Yes [ ] No
(Such conviction may be relevant if job related, but does not bar you from employment).

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

Do you possess a valid license? [ ] Yes [ ] No

AN EQUAL OPPORTUNITY EMPLOYER

**Application for Employment** *continued*

**Employment History**

List your last (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone	Duties Employed From: To:		Summarize the nature of the work performed and job Responsibilities:
Address		Hourly/Rate Salary		
		Starting		
Job Title		\$	Per	
Immediate Supervisor and Title		Hourly Rate/Salary		
		Final		
Reason for leaving		\$	Per	
May we contact for reference ? <input type="checkbox"/> Yes <input type="checkbox"/> No Later				

Employer	Telephone	Duties Employed From: To:		Summarize the nature of the work performed and job Responsibilities:
Address		Hourly/Rate Salary		
		Starting		
Job Title		\$	Per	
Immediate Supervisor and Title		Hourly Rate/Salary		
		Final		
Reason for leaving		\$	Per	
May we contact for reference ? <input type="checkbox"/> Yes <input type="checkbox"/> No Later				

Employer	Telephone	Duties Employed From: To:		Summarize the nature of the work performed and job Responsibilities:
Address		Hourly/Rate Salary		
		Starting		
Job Title		\$	Per	
Immediate Supervisor and Title		Hourly Rate/Salary		
		Final		
Reason for leaving		\$	Per	
May we contact for reference ? <input type="checkbox"/> Yes <input type="checkbox"/> No Later				

**Application for Employment** *continued*

**Employment History** *continued*

Employer	Telephone	Duties Employed From: To:		Summarize the nature of the work performed and job Responsibilities:
Address	Hourly/Rate Salary Starting			
Job Title	\$	Per		
Immediate Supervisor and Title	Hourly Rate/Salary			
	Final			
Reason for leaving	\$	Per		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No Later				

Comments (including explanation of any gaps in employment)

**Skills and Qualifications**-Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying \_\_\_\_\_

**Education Background** (if job related)

**A.** List last three (3) schools attended, starting with most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Major and minor of study (if applicable).

A. School	B. Years Completed	A. Degree Diploma	D. Major	D. Minor

List any foreign language (s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

**Application for Employment** *continued*

**References**

List name and telephone number of three business/work references who are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN
	Area Code (    )	
	Area Code (    )	
	Area Code (    )	

List any professional, trade, business, or civic associations and any offices held. (Exclude memberships, which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards (exclude information which would reveal sex, race, religion, national origin, age, color, disability or protected status.)

---

---

---

---

I certify that all information I have provided in order to apply for and secure employment with the Mercer County Behavioral Health Commission, Inc. is true, complete and correct.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_