

Equal Opportunity Employer – Applicants will receive consideration without regard to race, creed, color, sex, age, national origin, or disability

The Zepf Community Mental Health Center
APPLICATION FOR EMPLOYMENT

Date of Application _____

PERSONAL

Full Name _____
(First) (Middle) (Last)

Address _____
(Street) (City) (State) (Zip code)

Phone Number () _____ Social Security No. _____

Have you ever worked for or applied to this company before? _____ When _____ Location _____

Are you currently employed? Yes _____ No _____

What kind of work are you applying for? _____ Salary/wage Expectation? _____

Shift or hours of work you are applying for _____

Do you have any licensure/certification which may be required for position, if applicable? _____

License/certificate identification _____; Number _____; date of issue _____

Do you have or have you ever had any license restrictions or reprimands? Yes _____ No _____ If yes, please explain: _____

_____ Has you license ever been suspended or revoked Yes _____ No _____

If yes, please explain _____

Are you legally eligible for employment in the United States? Yes _____ No _____ If not why? _____

Have you ever been convicted of a crime? Yes _____ No _____ If so when? _____ Where? _____

Nature of the crime? _____

EDUCATION

Highest Degree _____

Name of School
College/University City and State No. Years completed Major GPA Graduate

High School _____

Elementary _____

Other training, skills etc. _____

SERVICE RECORD

Military or Naval Service? Yes _____ No _____ Period of Active duty: from _____ to _____ Rank at Discharge _____

Present Membership in the National Guard/Reserves? Yes _____ No _____

Notice: Zepf Center will provide accommodations in the application process and/or job interview for applicants who indicate the necessity. If you need accommodations, please contact the Director of Human Resources.

REFERENCES (Not Relatives)

Name	Street Address	city/state	occupation	telephone

EMPLOYMENT HISTORY (Beginning with present or last position held)

Date	Employer's Name and Address	Job Title	Rate of Pay	Reason left
From	Name		\$	
To	Address		Per	
From	Name		\$	
To	Address		Per	
From	Name		\$	
To	Address		Per	

SPECIAL SKILLS AND QUALIFICATIONS (Summarize special skills acquired from previous experience/training)

APPLICANTS STATEMENT (READ CAREFULLY)

The information provided on this application for employment is true, correct and complete. I understand that if I am employed any misstatement or omission of fact on this application may result in my discharge regardless of when Zepf Center learns of this misstatement or omission.

I understand that prior to being offered employment with Zepf Center, I may be requested to take an employment examination. In the event I have a disability which will affect my ability to take the test, I will so inform Zepf prior to administration of the test so that a reasonable accommodation can be made.

I understand that Zepf Center may require post-offer pre-employment physical exams, which may include alcohol, drug and substance abuse screening, and I hereby consent to such an exam and authorize the release of the results of such examination to Zepf Center. I understand that any offer of employment to me is contingent on the results of this exam and that further Zepf will not employ any applicant who tests positive in substance abuse screening. I further understand that if I begin employment before Zepf receives the results of my examination; my employment is condition upon said results.

I understand that acceptance of an offer of employment does not create a contractual obligation upon Zepf Center to continue to employ me in the future and that Zepf Center's development and dissemination of policies, rules and procedures are intended only to inform me and not to create an implied contract. I understand that policies, rules or procedures are current only and the right is retained to change, interpret or modify these policies, rules and procedures at any time as determined appropriate. I further understand that the employment relationship between me and Zepf Center is voluntarily entered into and may be terminated by either of us, at will with or without cause at any time. I understand that only the Chief Executive Officer (and only by a signed written document) is authorized to make any binding guarantees regarding duration of employment, benefits, promotions or assignments. I understand that I am required to abide by all Company rules and regulations if I am employed and that if I am offered employment and accept, this application form becomes part of the terms and conditions of my employment.

I hereby authorize investigation of all statements in this application and request any company, institution, or persons contacted as part of this investigation to provide any and all pertinent information and to assure their cooperation, I hereby release them from all liability for any damage that may result from furnishing it to the company.

Date _____

Signature of Applicant _____

