

**The Mental Health Association  
in Tompkins County**

301 S. Geneva St., Suite 109  
ITHACA, NEW YORK 14850  
(607) 273-9250  
FAX: (607) 272-5343

Web address: [www.mhaedu.org](http://www.mhaedu.org)  
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**APPLICATION FOR EMPLOYMENT**

POSITION TITLE \_\_\_\_\_

FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Interview Date: \_\_\_\_\_

Conditionally Approved: \_\_\_\_\_

Conditions:

OPWDD     NYSOCFS     CPR     First Aid  
 OMH     DMV     Other \_\_\_\_\_

Disapproved: \_\_\_\_\_

**PLEASE ANSWER ALL QUESTIONS FULLY AND CAREFULLY.**

YOU MUST COMPLETE ALL OF THE FOLLOWING SECTIONS OF THIS APPLICATION FORM  
REGARDLESS OF WHETHER YOU SUBMIT A RESUME.

Print in black or blue ink.

Attach additional sheets if necessary in order to give complete and detailed information.  
All statements are subject to verification.

**1. NAME AND RESIDENCE**

\_\_\_\_\_  
Last First MI

\_\_\_\_\_  
Street Address or Post Office Box

\_\_\_\_\_  
City State Zip

Telephone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Immediate notice should be given of any change in Post Office Box or Street Address.

**2. SOCIAL SECURITY NUMBER** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**3. DATE OF BIRTH** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**4. LEGAL RESIDENCE**

Please state your *permanent* legal residence

\_\_\_\_\_  
Last First MI

\_\_\_\_\_  
Street Address or Post Office Box

\_\_\_\_\_  
City State Zip

**5. (a) Are you a US citizen?**  YES  NO

(b) If not, do you have the legal right to accept employment in the US?  YES  NO

## 6. EDUCATION

### HIGH SCHOOL

Have you graduated from high school?  YES  NO

If yes, give name and location of High School: \_\_\_\_\_

If you are not a high school graduate, do you have a high school equivalency diploma?  YES  NO

If yes,

Name of Issuing Authority: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

If you are not a high school graduate and do not possess a high school equivalency diploma, please indicate the highest grade you completed: \_\_\_\_\_

### COLLEGE

\_\_\_\_\_  
Name of College/University

\_\_\_\_\_  
City State

\_\_\_\_\_  
Type of Degree Received/Course of Study

\_\_\_\_\_  
Dates of Attendance

\_\_\_\_\_  
Date of Completion/Expected Date

\_\_\_\_\_  
Name of College/University

\_\_\_\_\_  
City State

\_\_\_\_\_  
Type of Degree Received/Course of Study

\_\_\_\_\_  
Dates of Attendance

\_\_\_\_\_  
Date of Completion/Expected Date

## 7. PROFESSIONAL LICENSES & CERTIFICATIONS (please attach a copy)

(includes licensed professions, health or first aid certifications, etc.)

\_\_\_\_\_  
Name of Trade or Profession License Number Registered From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_  
Granted by (licensing agency) City State

## 8. WORK/INTERNSHIP EXPERIENCE

DESCRIPTION OF EXPERIENCE: Beginning with the most recent, describe below in detail **ALL** employments. You are responsible for submitting an accurate, adequate and clear description of your experience. Regardless of whether you attach a resume.

Under "Duties" for each employment describe the nature of the work personally performed by you.

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ALL STATEMENTS ARE SUBJECT TO VERIFICATION. (If more space is needed, attach 8 1/2" x 11" sheet of paper.)

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Firm/Organization Name

---

Length of Employment

---

Address

---

City and State

---

Name of Your Supervisor

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Supervisor's Title

May we contact this person? YES NO Supervisor Phone Number \_\_\_\_\_

Your Exact Title: \_\_\_\_\_

DUTIES: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Firm/Organization Name

---

Length of Employment

---

Address

---

City and State

---

Name of Your Supervisor

---

Supervisor's Title

May we contact this person? YES NO Supervisor Phone Number \_\_\_\_\_

Your Exact Title: \_\_\_\_\_

DUTIES: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

---

Firm/Organization Name

---

Length of Employment

---

Address

---

City and State

---

Name of Your Supervisor

---

Supervisor's Title

May we contact this person? YES NO Supervisor Phone Number \_\_\_\_\_

Your Exact Title: \_\_\_\_\_

DUTIES: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**9. VOLUNTEER EXPERIENCE** (If more space is needed, attach 8 1/2" x 11" sheets of paper.)

Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_  
Name of Organization: \_\_\_\_\_ phone: \_\_\_\_\_  
Address City, State, Zip: \_\_\_\_\_  
Name of person who can verify volunteer experience: \_\_\_\_\_  
Brief Description of Duties: \_\_\_\_\_

**10. Qualities and Interests**

Please list any clubs and/or associations you have been or are currently a member of.  
(If more space is needed, attach 8 1/2" x 11" sheets of paper.)

_____	_____
Organization Name	Brief Description
_____	_____
Organization Name	Brief Description

Please describe any experiences you have had working with individuals with social, emotional, behavioral physical and/or developmental disabilities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. LICENSES**

Note: Some positions require a valid Driver's License, Motor Vehicle driving abstract and proof of current auto insurance coverage.

You must be able to provide documentation for the following questions.

Do you have a valid driver's license?  YES  NO  
If yes, Issuing State: \_\_\_\_\_  
Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Do you have reliable transportation?  YES  NO

Do you have current auto insurance?  YES  NO

Does your auto insurance allow you to use your vehicle drive for business?  YES  NO

If you are applying for a position working with youth,  
Does your auto insurance allow you to transport youth?  YES  NO

**12. CERTIFICATIONS**

Note: Some positions require current certification in **CPR** for adults/children and **Standard First Aid**.

Do you have current CPR Adult/Child Certification? YES NO

If yes, Expiration date \_\_\_\_\_

Do you have current Standard First Aid Certification? YES NO

If yes, Expiration date \_\_\_\_\_

The following trainings are currently offered through The American Red Cross Tompkins County Chapter:

**CPR- Adult, Child, & Infant:** Recognize and care for breathing, cardiac, and choking emergencies in adults, children and infants.

**Standard First Aid:** Minimize the effects of shock. Treat sudden illnesses including poisoning, heat and cold emergencies. Perform first aid for cuts, scrapes, bruises, burns, bleeding, and injuries to bones, joints, and muscles, such as sprains and strains.

You may call The Red Cross Health & Safety Services to register or for more information at (607) 273-1900, Extension 14.

**13. BACKGROUND INVESTIGATION:**

All paid employees and/or volunteers who provide direct service, will be required to undergo criminal history background investigation, including the sex offender registry in New York and fingerprint check.

Check appropriate answer for each question. All questions must be answered.

- A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? YES NO
- B. Did you ever resign from any employment rather than face dismissal? YES NO
- C. Have you ever been convicted of any crime (felony or misdemeanor)? YES NO
- D. Are you now facing/under charges for any crime? YES NO
- E. Have you ever been indicated on a Child Protective Services report of child abuse or neglect? YES NO

If you answered "YES" to any of the questions above, please give specific details:

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None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying. Failure to meet the standards for the background investigation may result in disqualification.

**ALL STATEMENTS ARE SUBJECT TO VERIFICATION.**

**14. REFERENCES**

3 **PERSONAL** REFERENCES (at least 1 must be a relative)

\_\_\_\_\_  
Name Relationship to applicant

\_\_\_\_\_  
Phone Number Email Years Acquainted

\_\_\_\_\_  
Name Relationship to applicant

\_\_\_\_\_  
Phone Number Email Years Acquainted

\_\_\_\_\_  
Name Relationship to applicant

\_\_\_\_\_  
Phone Number Email Years Acquainted

3 **PROFESSIONAL** REFERENCES

\_\_\_\_\_  
Name Firm/Organization

\_\_\_\_\_  
Phone Number Email Dates of employment

\_\_\_\_\_  
Name Firm/Organization

\_\_\_\_\_  
Phone Number Email Dates of employment

\_\_\_\_\_  
Name Firm/Organization

\_\_\_\_\_  
Phone Number Email Dates of employment

**15. THIS AFFIRMATION MUST BE COMPLETED**

I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, disability, religion, marital status or criminal record. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification or discrimination as to age, race, creed, color, national origin, sex, disability, religion, marital status, criminal record, sexual orientation or affectional preference in connection with employment. AN EQUAL OPPORTUNITY EMPLOYER.