

APPLICATION FOR EMPLOYMENT

*****REQUIREMENTS FOR ALL APPLICANTS*****

PLEASE READ CAREFULLY AND KEEP FOR YOUR RECORDS

REASONABLE ACCOMODATIONS: It is the policy of Community Mental Health Authority to provide reasonable accommodations for otherwise qualified disabled employees and applicants for employment. Applicants who require reasonable accommodation to complete the application and/or interview process should notify the Human Resources Department. A copy of the Reasonable Accommodations Policy is available upon request.

A job posting containing a complete listing of vacancies is available in the Human Resources Career Center located in the Main Lobby at 812 East Jolly Road, Lansing, MI 48910. This information can also be obtained through our website at www.ceicmh.org. For more information, call 517-346-8252.

TO APPLY: All applicants must submit an individual employment application for each position to the Human Resources Career Center or via mail by the posting deadline. Resumes cannot be substituted for the employment application. Applicants can only be considered for two positions at one time. There is no limit to the number of Relief positions for which you can apply. Applications may be obtained at 812 East Jolly Road, Lansing, Michigan, or can be downloaded from our website at www.ceicmh.org.

NOTE TO INTERNAL APPLICANTS: Prior to applying for any additional positions, you must be notified by the Human Resources Department regarding the status of at least one of the positions you applied for.

HIRING PROCEDURES AND STANDARDS: You may only be considered for two regular positions at one time. However, there is no limit to the number of relief positions for which you can apply. When the posting period is completed, applications are thoroughly screened on the basis of job related criteria such as skill level, work experience, education, and training. Applicants most closely meeting the program needs and position qualifications will be referred for further consideration. The most qualified applicants will be contacted by telephone for interviews. The time for processing applications varies, but may take up to six weeks. If you have not been contacted to be interviewed within six weeks from receipt of submitting your application, you may then apply for another vacancy.

NOTICE

Community Mental Health Authority will make employment offers contingent on receiving official transcripts directly from the college or university for all professional positions. Unofficial or copies of transcripts are accepted during the interview process.

EMPLOYMENT OFFERS: May be contingent upon the results of a Michigan State Police Criminal History Background check and/or a physical exam. Some positions require employees to pass a physical exam annually. Some positions require verification of an acceptable Michigan driving record. Candidates may be excluded from consideration based upon their driving record.

HUMAN RESOURCES CAREER CENTER

812 East Jolly Road, Lansing, MI 48910

PHONE: 517-346-8252 ✧ **FAX:** 517-346-8245 ✧ **WEB SITE:** www.ceicmh.org



COMMUNITY MENTAL HEALTH AUTHORITY
CLINTON • EATON • INGHAM

APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER

Community Mental Health offers employment opportunities to all applicants based upon individual merit and without regard to race, color, religion, weight/height, sex, age, sexual orientation, disability which can be reasonably accommodated, national origin or ancestry unless excepted by applicable state or federal law.

Are you currently a CEI Community Mental Health employee? [] Yes [] No

Who is your supervisor? _____

Have you previously worked for CEI Community Mental Health? [] Yes [] No

If yes, when? _____ In what capacity? _____

Who was your supervisor? _____

Note: Resumes may be attached, however, not in lieu of completing this application. Please complete all sections.

PLEASE TYPE OR PRINT ALL INFORMATION.

Form with sections: POSITION (Position Title, When can you start, Employee Number, Min. Salary Required) and PERSONAL (Last Name, Home Telephone, Street Address, Business Telephone, City, State, Zip, May we contact you at your business?, Citizenship, Employment authorization, Will you accept a position which is: Full Time, Part Time, Casual/Relief, Languages, Felony convictions, Pending felony charges).

EDUCATION	School	Name and Location	Course of Study	# of Years Completed	Did You Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	GED				<input type="checkbox"/> Yes <input type="checkbox"/> No	

LICENSES, CERTIFICATIONS, REGISTRATIONS, PERMITS, ETC.

Driver's License or Non-Driver's Identification		Issuing State:	
I.D. Number:		Expiration Date:	Has license ever been revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:			

PROFESSIONAL CREDENTIALS

Type:		Issuing Authority:	
Date Issued:	Expiration Date:	ID Number:	Has credential ever been suspended and/or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:			

Type:		Issuing Authority:	
Date Issued:	Expiration Date:	ID Number:	Has credential ever been suspended and/or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:			

PROFESSIONAL	List any Practicums, Internships or Special Training: Supervisor, Hours Worked, Duration and Client Population
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CLERICAL	Latest version of Microsoft Word _____ Typing Speed _____ Data Entry Speed _____ List word processing, spread sheet and other software programs you have used:
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EMPLOYMENT RECORD

List your present or most recent employer first and include all employment held over the last five years. Include other employment pertinent to the position for which you are applying. **DO NOT SUBSTITUTE A RESUME FOR THIS INFORMATION.** Resumes may be attached only as a supplement to your application. If more space is needed, attach additional sheets. If you have more than three jobs to list, additional employment record sheets are available in the Human Resources Career Center.

Name of Employer:				Title of Position:							
Address - Number/Street				City		State		Zip			
Phone Number:											
Dates: Month Year		Month Year		Name of immediate supervisor:				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Final Salary \$ per	
/ To /				Phone Number:							
Hours per week:				Number of employees you supervised, if any:				Reason for leaving or wanting to leave:			
For clinical positions, paraprofessional and professional, indicate age and type of population you served:											
Duties and responsibilities:											

Name of Employer:				Title of Position:							
Address - Number/Street				City		State		Zip			
Phone Number:											
Dates: Month Year		Month Year		Name of immediate supervisor:				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Final Salary \$ per	
/ To /				Phone Number:							
Hours per week:				Number of employees you supervised, if any:				Reason for leaving or wanting to leave:			
For clinical positions, paraprofessional and professional, indicate age and type of population you served:											
Duties and responsibilities:											

Name of Employer:				Title of Position:							
Address - Number/Street				City		State		Zip			
Phone Number:											
Dates: Month Year		Month Year		Name of immediate supervisor:				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Final Salary \$ per	
/ To /				Phone Number:							
Hours per week:				Number of employees you supervised, if any:				Reason for leaving or wanting to leave:			
For clinical positions, paraprofessional and professional, indicate age and type of population you served:											
Duties and responsibilities:											

Employment History	Have you ever been fired? If yes, explain.			
Additional references who have supervised or managed your work	Name	Occupation	Phone Number	Work Relationship
Friends or relatives employed by Community Mental Health	Name		Relationship	
Please indicate employer(s) you do not wish to be immediately contacted:				
Are there any other names by which your employers or other references would know you by:				

How did you hear about this job? Check appropriate boxes:

- | | |
|--|--|
| <input type="checkbox"/> College/University Placement Office | <input type="checkbox"/> Newspaper Ad (Please specify): _____ |
| <input type="checkbox"/> Community Mental Health Employee | <input type="checkbox"/> Community Organization (Please specify): _____ |
| <input type="checkbox"/> Job Fair | <input type="checkbox"/> Internet - Website (Please specify): _____ |
| <input type="checkbox"/> CMH Human Resources Career Center | <input type="checkbox"/> Professional Journal Ad (Please specify): _____ |
| <input type="checkbox"/> Radio (Please Specify): _____ | <input type="checkbox"/> Other (Please specify): _____ |

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby authorize my former employers and references to furnish you, on a confidential basis, whatever factual information or opinions they can concerning my work performance and personal character. I understand that I may be required to undergo a physical examination, drug testing and/or pass a Michigan State Police Check and I further understand that employment is contingent upon successfully passing requirements. I also understand that I am required to have two (2) TB tests within the first two (2) weeks of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) will result in discharge. I also understand that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant _____ Date _____

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