



APPLICATION FOR INTERNSHIP

Northeast Michigan Community Mental Health Authority does not discriminate on the basis of race, color, creed, national origin, religion, age, gender, height, weight, marital or veteran status, physical or mental disability, genetic information, or any other legally protected status. Northeast Michigan Community Mental Health Authority is an equal opportunity employer.

PERSONAL		
Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> (Last) (First) (Middle) </div>		
Current Address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> (Street) (City) (State) (Zip Code) </div>		
Telephone Number: (____) ____ - _____ Email Address: _____		
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Rank Earned: _____	Branch: _____
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever applied for this program before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a current or former NeMCMHA employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Which program(s) are you interested in? Please Pick from the list below.		
PROGRAMS: <i>Physician Services; Psychological Services; Assertive Community Treatment (ACT); Older Adult Services (OAS); Home-Based Children's Services; Case Management; Crisis Response and Stabilization (CRS)</i>		
What is the time frame of the internship you are applying for? From _____ to _____	How many hours are required for the internship? _____ to _____	
What degree is needed for Supervision?		<p style="text-align: center; margin: 0;">Please check all that apply:</p> <p><u>I am looking for:</u></p> <input type="checkbox"/> Internship <input type="checkbox"/> Supervision <input type="checkbox"/> Job Shadow
Do you have the legal right to remain and work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Proof will be required, if accepted)</i>	Driver's License # _____	
Are you a relative or close friend with any NeMCMHA employee or board member? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who? _____	
How did you hear about our Internship Program? <input type="checkbox"/> Social Media _____ <input type="checkbox"/> Recruiter / Job Fair <input type="checkbox"/> Advisor <input type="checkbox"/> Former Intern <input type="checkbox"/> Other _____		
<p><u>Benefit Information</u></p> <input type="checkbox"/> I would like more information on the HRSA Loan Forgiveness program <input type="checkbox"/> I would like to know more about Free Licensure Supervision <input type="checkbox"/> I would like follow-up services after my internship from human resources		

Education

Please complete the following areas of information.

Name of College or University

Address

Phone ()

Your Major

Name of Supervisor/Advisor

Phone/Email of Supervisor/Advisor

Additional Information: Please include any additional contacts at your education center pertinent to this internship.

Name

Title

Phone/Email

REFERENCES

List at least three (3) business or educational references, *excluding* friends or relatives.

Name of Reference	Address or Email	Telephone Number	Relationship
1.			
2.			
3.			

NARRATIVE

Tell us about your experience and what you hope to gain from this internship.

Thank you for your interest in employment with
Northeast Michigan Community Mental Health.

Please remember to sign your application on the next page.

Northeast Michigan Community Mental Health
Attn: Human Resources
400 JOHNSON STREET | ALPENA, MI 49707
PHONE: (989) 356-2161 | FAX: (989) 354-5898
Employment Application Updated NK 9.2022

ACKNOWLEDGMENTS

I acknowledge and certify that the information contained in this application (and resume, if applicable) is true and complete. I understand that falsification or omission of relevant facts in my application, resume, other materials provided, during my interview, or during my employment, if hired, in any detail, is grounds for disqualification from further consideration or for discipline or dismissal from employment in accordance with Northeast Michigan Community Mental Health Authority's (the Authority) policies. I agree to conform to the Authority's policies, procedures, and work rules. I understand that my employment relationship with the Authority, if hired, is "at-will" (unless otherwise indicated in writing that I am subject to a just cause employment agreement), and that I or the Authority may terminate my employment with or without cause, and with or without notice, at any time. I further understand that no agent or representative of the Authority has any authorization to enter into a contract of employment with me or my representative except for the Authority's Executive Director or Board President and that the Authority's Board President or the Executive Director, or their designee, must sign any such agreement. I further acknowledge and agree that any dispute or claim against the Authority or any of its officers, board members, managers or employees that I may have that arises from my application for employment, my actual employment or separation therefrom must be filed within 180 calendar days, or less if based on a lesser limitations period, of the occurrence giving rise to the dispute or I will waive my right to pursue the claim and any damages or remedy. I understand that I must file any such claim in Alpena County, Michigan or in the U.S. Federal District Court for the Eastern District of Michigan, Northern Division or I will forfeit my claims. Filing in another jurisdiction will not be valid or toll the above limitations period.

I acknowledge that any offer of employment I may receive from the Authority is contingent on the results of a reference and background check. Therefore, I authorize the Authority to: (1) investigate the truthfulness of all statements made on this application, or my resume; (2) contact my former employers and other listed references or any other persons who can verify information (including law enforcement agencies); and (3) discuss results of any investigation with other Authority employees involved in the hiring process. In addition, I give my consent for all contacted persons, including former employers, to provide information concerning this application and I release each such person from liability for providing information to the Authority. I waive any written notice for the release of any information, including my discipline history, which may be required under state or federal law.

I hereby give my consent for the Authority through an authorized agent to collect my urine, saliva, blood, or hair samples for the purposes of testing for the presence, and my use of, alcohol, drugs, or other controlled substances. I hereby specifically release Northeast Michigan Community Mental Health Authority and its authorized collection/testing agent from any liability whatsoever, including attorneys' fees, from any liability resulting from the collection or testing process or from the tests' results. I further understand that should I receive an offer of employment, it may be conditioned upon my undergoing and successfully passing a job-related medical examination. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug test, or job-related medical examination at any time at the discretion of the Authority. I hereby consent to having the results of any such alcohol or drug test or job-related medical examination disclosed to the Authority's representative. I also acknowledge that any offer of employment that I receive is contingent upon the satisfactory results of my alcohol and drug test and my job-related medical examination finding me able to perform the essential functions of the job offered with or without reasonable accommodation. I understand that a positive drug test result, a refusal to submit a requested sample for testing, or a refusal to authorize such testing may result in the Authority withdrawing any offer of employment made to me, or result in my immediate discipline or dismissal.

Should I have a legally protected physical or mental disability that affects my ability to perform the job that I seek, I understand that I may request that the Authority provide a reasonable accommodation for it. I am aware that under Michigan's Persons with Disabilities Civil Rights Act I must make any request for accommodation immediately known in writing and no later than 182 days after the date that I know, or reasonably should have known, of my need for an accommodation. I understand; however, that my failure to request an accommodation under Michigan law does not waive any right that I may have to request an accommodation under the federal Americans with Disabilities Act of 1990, which does not need to be in writing.

I certify that the above information that I have provided in this application is true and correct to the best of my knowledge and information and that I am voluntarily applying for employment and executing this application.

Applicant Signature

Date

Printed Applicant Name

OFFICE USE ONLY

Date Received: _____

Approved

Decision Finalized by:

Date:

Declined

Contacted Intern: _____

Date: _____

Notes: _____
