

APPLICATION FOR EMPLOYMENT THROUGH SELF-DETERMINATION

Participants in the Self-Determination Initiative do not discriminate on the basis of race, color, national origin, sex, religion, age, veteran status, or disability in employment or the provision of services.



I am applying to work for _____ OR
(Employers name)

This is a general application to be referred to persons served in the Self-Determination Initiative looking for an employee

Name _____ Date of Application _____

Address _____ Telephone _____

City _____ State _____ Zip Code _____

Are You Over 18? Yes No

How did you hear about this position? _____

Have you previously been employed by an Individual through Self Determination? Yes No

Have you ever had charges of abuse or neglect substantiated against you? _____

Have you ever been convicted of a crime? _____ If Yes, describe When, Where, and Nature of Offense. _____

Have you had any driving accidents during the past 3 years? Yes No If Yes, how many? _____

Have you ever been fired? Yes No If Yes, describe circumstances _____

I certify that I am a U.S. citizen, permanent resident, or have authorization to work in the United States. Yes No
(If hired, proof of citizenship or immigration status will be required.)

Indicate special skills or training which may be beneficial to the position for which you are applying. (e.g. CPR, First Aid Training, Medication Training, Recipient Rights, Certified Nursing Assistant)

Days/Hours Available to Work

<input type="checkbox"/> I have no preference	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
How many hours can you work weekly?			Can you work nights?			Can you work weekends?	
Date available to begin:							

THE FACTS SET FORTH IN THIS APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE. I UNDERSTAND THAT ANY FALSE STATEMENT MADE BY ME ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL REGARDLESS OF THE LENGTH OF EMPLOYMENT.

Signature _____

You are NOT applying to work for NEMCMH. With this application, you are applying to work for persons served using the Self Determination initiative.

EDUCATION (List most recent schools first)

Name & Location of School	Diploma/Degree	Major Area	Grade Avg.
High School: _____	_____	_____	_____
Other: _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PREVIOUS EMPLOYMENT List present or last employer first; also list ALL employers in last 5 years)

From	To	Name of Organization	Address/Phone
Your Job Title		Name of Supervisor	Reason for Leaving
Your Duties			

From	To	Name of Organization	Address/Phone
Your Job Title		Name of Supervisor	Reason for Leaving
Your Duties			

From	To	Name of Organization	Address/Phone
Your Job Title		Name of Supervisor	Reason for Leaving
Your Duties			

From	To	Name of Organization	Address/Phone
Your Job Title		Name of Supervisor	Reason for Leaving
Your Duties			

(Attach additional pages if necessary)

REFERENCES (List names, addresses & phone numbers of three (3) references who are not relatives)

Name	Complete Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby authorize my current and former employers, schools, and other references to furnish the perspective Employer the information requested. I hereby release such organizations and persons from liability or damages incurred as a result of inquiry upon furnishing this information.

Date _____ **Signature** _____



Authorization for Criminal History/Driving Record Check

I authorize Karen's Accounting/GT Independence/Johnson CPA and Company PC, in support of consumer's independent hire for **Self-Determination** to conduct a criminal history background check and/or a driving record check as part of the employment process. The information obtained from these reports will be reviewed and used by the Fiscal Intermediary, your employer or their guardians and representative of NeMCMHA. I know that the results from these reports may exclude me from employment. Representatives from NeMCMHA will make this determination based on the legal guide developed by the Department of Community Health. Before adverse action is taken, the applicant will be advised so that he/she may challenge the report if he/she believes the report is in error. By signing this authorization form you are authorizing the perspective employer to secure this information at any time during your employment.

Required Information

Name: _____
First Name Middle Name Last Name

Date of Birth: ____/____/____
Mo Day Yr.

Driver License Number: _____

County of Residence: _____

_____/_____
Applicant Signature Date

I will notify my employer, the fiscal intermediary and/or a Self-Determination Supports Coordinator if:

- I have been convicted of any crime.
- I have substantiated charges against me of abuse or neglect of a vulnerable person or of misappropriation of a vulnerable person's property.

You are not applying to work for NeMCMHA. With this application, you are applying to work for persons served using the Self Determination initiative