

# Mental Health Association of Rockland County

**140 Route 303  
Valley Cottage, New York 10989**

**Telephone: 845-267-2172  
Fax: 845-268-3461**

MHA welcomes applications based solely on an applicant's qualifications. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT/TYPE)

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone # (s)	H#	C#
		E-mail address

Position(s) Applied For	Date
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Website <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	

Best time to contact you at home is: .....:.....  AM  PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?.....  Yes  No

Have you ever filed an application with us before?.....  Yes  No  
If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?.....  Yes  No  
If Yes, give date \_\_\_\_\_

Are you currently employed?.....  Yes  No

May we contact your present employer?.....  Yes  No

Are you legally eligible to be employed in this country because of Visa or Immigration Status?  
Proof of citizenship or immigration status will be required upon employment .....  Yes  No

Date available for work \_\_\_/\_\_\_/\_\_\_      What is your desired salary? \_\_\_\_\_

Are you available to work:                     Full-Time                    (please indicate 1 2 3 shift)  
    Part-Time                    (please indicate Mornings Afternoon Evenings)  
    Temporary                    (please indicate dates available \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_)

Can you travel if a job requires it?.....  Yes  No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# EDUCATION

	Name and Address of School	Course of Study	Diploma Degree
High School or equivalent			
Undergraduate College			
Graduate Professional			
Other (Specify)			

Describe any specialized training including military, apprenticeship, skills, languages, and extra-curricular activities.

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# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments, internships, and volunteer activities you feel will be related to your employment.

1. Employer	<u>Dates Employed</u>		Work Performed
	From	To	
Address			
Telephone Number (s)			
Job Title                      Supervisor			
Reason for Leaving			
2. Employer	<u>Dates Employed</u>		Work Performed
	From	To	
Address			
Telephone Number (s)			
Job Title                      Supervisor			
Reason for Leaving			
3. Employer	<u>Dates Employed</u>		Work Performed
	From	To	
Address			
Telephone Number (s)			
Job Title                      Supervisor			
Reason for Leaving			
4. Employer	<u>Dates Employed</u>		Work Performed
	From	To	
Address			
Telephone Number (s)			
Job Title                      Supervisor			
Reason for Leaving			

**If you need additional space, please continue on a separate sheet of paper**

## ADDITIONAL INFORMATION

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.  
(i.e. languages, computer skills, licenses)

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## AWARDS, RECOGNITION AND COMMUNITY SERVICE

List professional, trade, business or civic activities and offices held. You may include or exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.       YES       NO

# REFERENCES

Professional or work-related preferred (Please do not include relatives)  
Additional signed reference release forms will be given at time of interview.

1.	( )
(Name)	Phone #
(Address)	Relationship
2.	( )
(Name)	Phone #
(Address)	Relationship
3.	( )
(Name)	Phone #
(Address)	Relationship

# APPLICANT'S STATEMENT

I certify that the answers set forth in my application for employment are true and complete. I authorize the agency to investigate any and all statements contained in this application for employment as may be necessary to arrive at an employment decision. I understand that if employed, any false statement on this application may result in my dismissal. I am aware that additional background checks (i.e. fingerprinting, licensure, etc) may be required for the position in which I applied. I also understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. No one other than Human Resources Representative has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer.

Signature

Date

**NOTE: Internet applicants will sign the application at interview.**