

Ocean Way Mental Health Agency

PERSONAL INFORMATION: (Please Print)

Date _____

Last	First	Middle	DOB	SSN
Address	City	State	Zip	Telephone
Position Applied for	Date Available		License Number	Telephone

Availability:

Full time	Part time
Seasonal	Days
Evenings	Weekend s

Are you eligible to work in the U.S.?	Yes		No		Proof of eligibility will be required
Are you 18 years of age or older?	Yes		No		
Have you ever worked for Ocean Way Mental Health Agency?	Yes		No		If yes, please provide dates of employment.
Do you have a relative employed at Ocean Way Mental Health Agency?	Yes		No		If yes, where are they located?

Do you have the full physical, mental and medical ability to do the job for which you have applied? Any medication(s) that may affect your driving ability or nighttime shifts? Please explain:

Have you been convicted of a crime, whether a misdemeanor, felony or otherwise? **(Conviction of a crime does not necessarily disqualify the applicant from consideration of employment.)** If yes, please explain:

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REFERENCES: List three references that are not relatives or former employers.

Name	Address/Phone	Occupation	Years Known

GENERAL INFORMATION:

Please indicate any special skills, qualifications, licenses or certifications that you possess which you feel directly relate to the position you are applying for:

VOLUNTEER WORK:

EDUCATION:

Name & Address of School	Course of Study	Years completed				Graduate	Degree/ Diploma
		1	2	3	4		
High School		1	2	3	4		
College		1	2	3	4		
College		1	2	3	4		

EMPLOYMENT HISTORY: Starting with MOST RECENT, please list all your previous jobs. Include self-employment, summer and part-time jobs, internships, and military experience. If you have a resume, please attach it as well as completing the employment section. This employment application cannot be processed unless completed in full.

Employer:	Address	Telephone	Supervisor/Title
Job Title:		Start Date	End Date
Reason for leaving:		Start Salary	End Salary
Describe work and responsibilities:			

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An Equal Opportunity Employer

In compliance with federal and state employment laws, all qualified candidates will be considered for employment without regard to race, religion, color, national origin, ancestry, sex, age, marital or veteran status, sexual orientation, or physical or mental disability.

I understand that my employment and compensation can be terminated **AT WILL** at any time, with or without cause, at the option of either the Company or myself. No-one, except the President of the Company, 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.

I HAVE READ AND UNDERSTAND THESE STATEMENTS

Signature of Applicant Date