

# APPLICATION FOR EMPLOYMENT

Mental Illness Recovery Center, Inc.

-----Please Complete Fully and Legibly-----

MIRCI is an equal opportunity employer. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, religion, sex, national origin, disability, or military status.

Date: \_\_\_\_\_ Position applied for: \_\_\_\_\_

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Either: \_\_\_\_\_ Do you object to working weekends? \_\_\_\_\_

## **PERSONAL INFORMATION**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Present address: \_\_\_\_\_  
(No. Street) (City) (State) (Zip Code)

Home Ph.: ( ) \_\_\_\_\_ Business Ph.: ( ) \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Have you lived at your present address for more than one year? \_\_\_\_\_ If not, state previous address:

\_\_\_\_\_  
(No. Street) (City) (State) (Zip Code)

If you are not a U.S. Citizen, do you have the legal right to work in the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you furnish necessary documentation of right to work in the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Salary expected: \_\_\_\_\_ per week / hour / year?

What led you to consider working for MIRCI? \_\_\_\_\_

Have you previously been employed by us? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, job title: \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

Relatives employed by us and positions held? \_\_\_\_\_

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**EDUCATION**

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Type of School	Name & Address	Major	Circle Last Year Completed	Degree
High School			1 2 3 4	
College			1 2 3 4	
Graduate				

Describe any other specialized training, professional training, and subsequent courses or studies. Include study courses given through private or public employment. State whether degree or certificate received.

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List relevant extra-curricular activities. Do not include any organization or membership that would indicate race, religion, sex, national origin, disability, military status, or political affiliation.

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**WORK EXPERIENCE**

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Month/Year	Name & Address of Employer (Include phone no. & contact)	Position	Salary	Reason for Leaving

**REFERENCES**

Name	Address & Phone No.	Business	Relationship/Years Acquainted

**OTHER INFORMATION**

List any relevant computer skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next of Kin: \_\_\_\_\_  
(Name) (Relationship) (Address) (Phone No.)

Do you own or operate an automobile that you intend to use to and from work? \_\_\_\_\_ Yes \_\_\_\_\_ No

Make and Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License No.: \_\_\_\_\_

Have you ever been convicted of a criminal offense other than a minor traffic offense? (The term conviction includes the imposition of a fine or sentence, a plea of guilty or "no contest.") If so, please list all cases below. Give in each case (1) the date of the offense, (2) the nature of the offense, (3) the name and location of the court, and (4) the penalty imposed, if any, or other disposition of the case. Attach a separate sheet if necessary. Failure to provide complete information may result in disciplinary action up to and including termination of employment. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand once I am employed at MIRCI and I am convicted of any unlawful act, I am to report to my Department Director within 24 hours, giving the following information: (1) the date of the offense, (2) the nature of the offense, (3) the name and location of the court, and (4) the penalty imposed,

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if any, or other disposition of the case. Failure to follow these instructions may result in disciplinary action up to and including termination of employment.

I understand that MIRCI may conduct a South Carolina Law Enforcement Division (SLED) background check and an investigation of my driving record. I authorize SLED, the South Carolina Department of Public Safety, or any other city, county, state, or federal agency to furnish any information on file under the name on this form, and I release all persons from liability as a result of furnishing such information. I understand that any false answers or statements made by me on this form may be sufficient cause for dismissal.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
          First                  Middle                  Last                  Maiden (if applicable)

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Driver's License #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT – PLEASE READ BEFORE SIGNING**

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I understand and agree that I shall be subject to immediate termination if it shall be determined that my answers are untrue or that I have failed to disclose a material fact. I understand and agree that the fact that the employer has made or has not made an investigation, or the fact that I have performed work satisfactorily for any period of time prior to this determination, shall not constitute a waiver, abandonment, or bar of the right of the employer to take such disciplinary action. I authorize the use of any information in this application to enable the employer to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked by the employer concerning my ability, character, reputation, and previous employment record. I further agree, if employed, that I am to work faithfully and diligently, to be careful and avoid accidents, to come to work promptly, and I am not to be absent for any reason without notice to my supervisor. If employed, I agree to abide by all present and subsequently issued personnel policies and rules of the employer. I agree that I am employed at-will and that I may be dismissed by the employer at any time and for any reason at the discretion of the employer. The personnel policies of the employer are not a contract of employment. No one at MIRCI, with the exception of the Director, has the authority to enter into a written contract of employment, and such contract must be written and signed by the Director. All employees of MIRCI are employees at will who may quit at any time for any reason and who may be terminated at any time and for any or no reason.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY – DO NOT WRITE IN THE SPACE BELOW**

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Job title: \_\_\_\_\_ Salary: \_\_\_\_\_

Date of hire: \_\_\_\_/\_\_\_\_/\_\_\_\_      Hired by: \_\_\_\_\_

For Personnel use: \_\_\_\_\_ I-9      \_\_\_\_\_ Reference Check      \_\_\_\_\_ Handbook

## **WRITING SAMPLE**

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Write three paragraphs describing an activity or group that you could conduct with our clients: