

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.: () _____ Cell 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 yes, job title: _____

Are you 18 years of age or older? _____ Yes _____ No

Relatives employed by us and positions held? _____

EDUCATION

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.

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.

WORK EXPERIENCE

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:

Emergency Contact: _____
(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. _____

WRITING SAMPLE

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

**DISCLOSURE AND AUTHORIZATION FORM
TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES**

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Mental Illness Recovery Center, Inc. ("MIRCI") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before MIRCI can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize MIRCI to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize MIRCI to obtain any such reports and to share the information received with any person involved in the employment decision about me.

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.

I do _____ do not _____ authorize you to contact *my current* employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of MIRCI.

Applicant Signature

Date

