

APPLICATION FOR EMPLOYMENT

Mental Illness Recovery Center, Inc.

MIRCI is an equal opportunity employer. MIRCI does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, or military status.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name _____ Date _____

Address _____

E-mail Address _____

Home Phone # _____ Mobile Phone # _____

Are you eligible to work in the U.S? ☐ Yes ☐ No

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

Are you at least 18 years or older? ☐ Yes ☐ No

Have you ever been terminated from employment or asked to resign by an employer? ☐ Yes ☐ No

If **yes**, please provide company names and details _____

Can you work any shift? ☐ Yes ☐ No If no, explain: _____

Can you work overtime, including weekends? ☐ Yes ☐ No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? ☐ Yes ☐ No

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

EMPLOYMENT DESIRED

Date you can start _____ Hourly rate/Salary desired _____

Position desired _____

Are you currently employed? ☐ If so may we inquire of your present employer? _____

What led you to consider working for MIRCI?

REFERRAL SOURCE

How did you hear about us? ☐ Walk In ☐ Advertisement ☐ Referral ☐ Other

Have you ever worked for this company before?

☐ Yes ☐ No Explain _____

Do you know anyone who works for our company? ☐ Yes ☐ No

If yes, who? _____

EDUCATION	Name and location of school	Degree Received	Subjects studied/Major
High School			
College or University			
Trade, Business or Correspondence School			

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time.
Incomplete information could disqualify you from further consideration.

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
Salary			

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Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
Salary			

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

OTHER INFORMATION

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.

Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for MIRCI to hire me. If I am hired, I understand that either MIRCI or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of MIRCI has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to MIRCI true and complete information on this application. No requested information has been concealed. I authorize MIRCI to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.