



MENTAL HEALTH ASSOCIATION IN TULSA, INC.

1870 S Boulder Ave
 Tulsa, OK 74119-5234
 Phone: (918) 585-1213 Fax: (918) 585-1263

APPLICATION FOR EMPLOYMENT

The Mental Health Association in Tulsa is an Equal Opportunity Employer

PLEASE PRINT

Position Desired:	Date:
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PERSONAL INFORMATION

Name (Last, First, Middle):		Social Security Number:	
Mailing Address (Street, City, State, Zip):			
Permanent Address (If different from above):			
Telephone – Home:		Cellular:	
E-Mail:		Work:	
Emergency Contact (Name & Phone):			
Type of Work: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/>		Date Available:	Salary Expected:
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, may we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever worked at the Mental Health Association in Tulsa? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, dates & position:		If hired, can you provide written evidence that you are authorized to work in the U.S. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain <i>(Answering yes will not automatically disqualify you from being considered for employment.)</i>			
Do you have a high school diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have any relatives who are employed by this organization? Yes <input type="checkbox"/> No <input type="checkbox"/> Please Specify:	
How were you referred to our organization?			

HIGHER EDUCATIONAL INFORMATION

	Name & Location of School:	Major:	Type of Degree:	Years Completed:
College:				
College:				
Other:				

SPECIAL SKILLS

Languages:
Computer Skills:
Other Special Training Relevant to Position:

MILITARY EXPERIENCE

Branch of Service:	Dates – From:	To:	Discharge Status:

EMPLOYMENT INFORMATION *(Please list employment for the last 10 years.)*

Employer Address, City, State, Zip:	Supervisor's Name & Phone:	Dates Employed:	Title & Duties:	Final Salary:	Reason for Leaving:

LICENSURE INFORMATION

Licenses / Certificates Held:	Issued By:

REFERENCES

List three people who have known you for at least one year. Do not include family members.

Name:	Address, City, State, Zip:	Phone:	Occupation	Years Acquainted

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Date: _____ **Signature:** _____