



Huron Behavioral Health  
P.O. Box 312  
Bad Axe, MI 48413  
(989) 269 – 9293 (phone)  
(989) 269 – 7544 (fax)

# APPLICATION FOR EMPLOYMENT

It is the policy of Huron Behavioral Health (HBH) to provide equal employment opportunity to all qualified persons without regard to race, age, color, sex, religion, national origin, handicap, or marital status.

If you need help filling out this application for employment form, or with any phase of the employment process, please notify Colleen Cornett, Personnel Manager (or the receptionist at HBH) and we will make every effort to accommodate your needs in a reasonable amount of time.

This application for employment will be retained for a period of six (6) months. After that time, this application will be destroyed and you must complete a new form should you still wish further consideration for employment from HBH.

**Complete all sections of this application. An incomplete application will not be given consideration.**

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

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Social Security #: \_\_\_\_\_

Are you a U.S. citizen or authorized to work in the U.S. on an unrestricted basis?  Yes  No

Are you 18 years of age or older?  Yes  No

Do you have an unrestricted Michigan Driver's License?  Yes  No

If "No", please explain: \_\_\_\_\_

MI Drivers License #: \_\_\_\_\_ or State ID Card # (if no License): \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If "Yes", please describe conditions: \_\_\_\_\_

### POSITION(S) APPLYING FOR:

- Counseling Services
- Case Management
- Residential Care
- Data Processing
- Assertive Community Treatment (ACT) for MI persons
- Community Links Services for DD persons
- Clerical
- Other (specify): \_\_\_\_\_

When would you be able to start working? \_\_\_\_\_

Are there any days or hours that you are unable to work?  Yes  No

If "Yes", specify: \_\_\_\_\_

### PROFESSIONAL LICENSURE(S) & CERTIFICATION(S):

Please list any current Professional Licenses, Registrations, Certifications held: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**EDUCATIONAL HISTORY:**

LEVEL	NAME & LOCATION of SCHOOL	YEARS ATTENDED	MAJOR	GED/DIPLOMA/ DEGREE RECEIVED
High School			XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX	
College/University				
College/University				
Other Training/ Education				

**EMPLOYMENT HISTORY:** In addition to your work history (listed below), what other experiences, skills, and/or qualifications would especially fit you for work with HBH? \_\_\_\_\_

List your last three (3) employers, beginning with your most recent employer (add attachments for additional employment if necessary) :

1. Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Name & Title of Supervisor: \_\_\_\_\_

Date Started:		Date Left:	
Starting Position:		Position on Leaving:	
Starting Wage:	\$ _____ per <input type="checkbox"/> Year <input type="checkbox"/> Hour	Wage on Leaving:	\$ _____ per <input type="checkbox"/> Year <input type="checkbox"/> Hour

Responsibilities: \_\_\_\_\_

Reason for Leaving Company: \_\_\_\_\_

2. Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Name & Title of Supervisor: \_\_\_\_\_

Date Started:		Date Left:	
Starting Position:		Position on Leaving:	
Starting Wage:	\$ _____ per <input type="checkbox"/> Year <input type="checkbox"/> Hour	Wage on Leaving:	\$ _____ per <input type="checkbox"/> Year <input type="checkbox"/> Hour

Responsibilities: \_\_\_\_\_

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Reason for Leaving Company: \_\_\_\_\_  
\_\_\_\_\_

3. Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Name & Title of Supervisor: \_\_\_\_\_

Date Started:		Date Left:	
Starting Position:		Position on Leaving:	
Starting Wage:	\$ _____ per <input type="checkbox"/> Year <input type="checkbox"/> Hour	Wage on Leaving:	\$ _____ per <input type="checkbox"/> Year <input type="checkbox"/> Hour

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving Company: \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

Please provide the names of three (3) persons (not related to you), whom you have known for at least one (1) year, and indicate whether they are a personal reference or a business reference.

1.

\_\_\_\_\_  
(Name) (Address) (Years Known)  
\_\_\_\_\_  
(Person's Occupation) (Work Telephone #) (Business Phone #) (Business Reference or Personal Reference)

2.

\_\_\_\_\_  
(Name) (Address) (Years Known)  
\_\_\_\_\_  
(Person's Occupation) (Work Telephone#) (Business Phone #) (Business Reference or Personal Reference)

3.

\_\_\_\_\_  
(Name) (Address) (Years Known)  
\_\_\_\_\_  
(Person's Occupation) (Work Telephone #) (Business Phone #) (Business Reference or Personal Reference)

**APPLICANT'S CERTIFICATION AND AGREEMENT:**

I certify that the information I have provided in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, any false statements, misrepresentations, or omissions on this application may result in the rejection of this application or discharge at any time during employment.

Huron Behavioral Health and/or it's staff, is hereby authorized to contact my references, to make any investigation of my prior educational history, to make any investigation of my current and past employment history, criminal history, motor vehicle driving record, and to investigate any other statements contained within this application. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

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