

**TOUCHSTONE MENTAL HEALTH
APPLICATION FOR EMPLOYMENT**

Name: _____ Date: _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Position applied for: _____

How did you learn of the available position? _____

Are you at least 18 years of age? _____ Do you have legal rights to work in U.S.? _____

Have you ever been convicted of a felony crime or served time in a correctional facility? _____

<u>Incident</u>	<u>City/State</u>	<u>Charge</u>
_____	_____	_____

Have you ever been convicted of a driving offense? _____

<u>When</u>	<u>City/State</u>	<u>Offense</u>
_____	_____	_____

WORK EXPERIENCE List present or most recent employer first.

Company Name	City/State/Zip	() Telephone
From: _____ To: _____		
Dates Employed	Job Title	Supervisor's Name
Duties		Reason for leaving
Starting Salary: _____	Ending Salary: _____	

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From: _____ To: _____		
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Dates Employed	Job Title	Supervisor's Name
Duties		Reason for leaving
Starting Salary: _____	Ending Salary: _____	

EDUCATION

Highest grade completed: _____

Certifications or Licensures: _____

List training or course work related to the job for which you are applying: _____

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, publications, activities, interests, accomplishments, etc.

WORK REFERENCES

List, only, individuals familiar with knowledge of your work ability. Do not include relatives.

NAME	ADDRESS	PHONE
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____

CERTIFICATION

I certify this application was completed by me and the entried contained in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of facts requested on this application may be grounds for rejections of this application or dismissal from employment regardless of when or how discovered.

I understand that an offer of employment from Touchstone Mental Health is contingent upon receipt of documentation proving identity and eligibility to work in the United States. I also understand that an offer of employment is contingent upon receipt of information from my criminal background check and verifications of my credentials as stated in this application.

If employed by Touchstone Mental Health, I understand that my employment is "at will", and that I or Touchstone Mental Health may terminate the employment relationship at any time, for any legal reason, with our without notice. If employed by Touchstone Mental Health, I agree to abide by its rules and regulations.

RELEASE

I authorize this facility to contact any or all of my references for full information of my suitability for employment with Touchstone Mental Health.

The above information is correct and complete to the best of my knowledge. I understand that discovery of misrepresentation or omission will be grounds for immediate dismissal.

Applicant Signature: _____

Date: _____