



MISSION STATEMENT

Helping people gain control of their lives by forging solutions that resolve mental health crises and end homelessness.

EMPLOYMENT APPLICATION

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Director.

PLEASE PRINT:

Position applied for: _____ Today's Date: _____

How did you hear about us? Advertisement Employee Relative Walk-in Other

Name of Source (if applicable): _____

CONTACT INFORMATION *(Please fill-in information completely).*

Name: _____
Last First M.I.

Address: _____
Street City State Zip Code

Phone: (_____) _____ (_____) _____
Home Mobile/Pager/Other

Email: _____

- May we contact you at work? Yes No If yes, my work number is: (_____) _____
- The best time to call me at work is between: _____ : _____ a.m. and _____ : _____ a.m.
p.m. p.m.

EMPLOYMENT INFORMATION *(Please fill-in information completely).*

- If you are under 18 and it is required, can you furnish a work permit? Yes No
- Have you ever been employed here before?..... Yes No
If yes, please give date(s): _____ / _____ / _____ to _____ / _____ / _____
- Are you legally eligible for employment in this country?..... Yes No
- Date available for work: _____ / _____ / _____
- What is your desired salary range? \$_____ to \$_____
- Type of employment desired: _____ Full Time _____ Part Time _____ Non-traditional hours
- Are you able to meet the attendance requirements of the position? Yes No
- Will you work overtime if required? Yes No
- Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?..... Yes No
If yes, please provide date(s) and details: _____

(Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of offense, seriousness, and nature of the violation, rehabilitation and position applied for will be taken into account.)

EMPLOYMENT HISTORY

(Please provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Please fill-in information completely. Explain any gaps in employment in the comments section).

Employer: _____ **Dates Employed:** _____

Address: _____

Street City State Zip Code

Starting Job Title: _____ Starting Salary: \$ _____ per _____

Ending Job Title: _____ Ending Salary: \$ _____ per _____

Immediate Supervisor: _____

Name Job Title Phone

Summarize the type of work performed and responsibilities: _____

Reason for leaving: _____ May we contact for a reference? Yes No

Employer: _____ **Dates Employed:** _____

Address: _____

Street City State Zip Code

Starting Job Title: _____ Starting Salary: \$ _____ per _____

Ending Job Title: _____ Ending Salary: \$ _____ per _____

Immediate Supervisor: _____

Name Job Title Phone

Summarize the type of work performed and responsibilities: _____

Reason for leaving: _____ May we contact for a reference? Yes No

Employer: _____ **Dates Employed:** _____

Address: _____

Street City State Zip Code

Starting Job Title: _____ Starting Salary: \$ _____ per _____

Ending Job Title: _____ Ending Salary: \$ _____ per _____

Immediate Supervisor: _____

Name Job Title Phone

Summarize the type of work performed and responsibilities: _____

Reason for leaving: _____ May we contact for a reference? Yes No

EMPLOYMENT HISTORY (CONTINUED)

Employer: _____ **Dates Employed:** _____

Address: _____
Street City State Zip Code

Starting Job Title: _____ **Starting Salary:** \$ _____ per _____

Ending Job Title: _____ **Ending Salary:** \$ _____ per _____

Immediate Supervisor: _____
Name Job Title Phone

Summarize the type of work performed and responsibilities: _____

Reason for leaving: _____ **May we contact for a reference?** Yes No

Employer: _____ **Dates Employed:** _____

Address: _____
Street City State Zip Code

Starting Job Title: _____ **Starting Salary:** \$ _____ per _____

Ending Job Title: _____ **Ending Salary:** \$ _____ per _____

Immediate Supervisor: _____
Name Job Title Phone

Summarize the type of work performed and responsibilities: _____

Reason for leaving: _____ **May we contact for a reference?** Yes No

Comments: _____

SKILLS AND QUALIFICATIONS

Summarize any special training or skills that may qualify you as being able to better perform the position for which you are applying.

EDUCATIONAL BACKGROUND

List schools you have attended, starting with the most recent. Please state if degree was completed or not, indicate the degree or diploma earned and major of study, if any.

School	City, State	Did you graduate?	Degree/Diploma	Major

PROFESSIONAL REFERENCES

List the names and telephone numbers of three business/work references who are NOT related to you and are not already listed under previous employment. If not applicable, list three school or personal references who are not related to you.

Name	Organization/Job Title	Telephone No.	Years Known

ADDITIONAL INFORMATION

Please list professional licenses/certificates, which you hold, and their expiration dates.

Licenses held	Expiration Date

List professional, trade associations as well as special accomplishments, publications, awards, etc. (Exclude memberships that would reveal race, color, religion, sex, national origin, age, citizenship, mental or physical disabilities, veteran/reserve, national guard or any other similarly protected status.) _____

Please list any additional information you would like us to consider: _____

Applications may be mailed or delivered in-person to:

MHS
Attention: Human Resources Department
1744 Payne Ave
Cleveland, Ohio 44114

Questions? Please contact HR at 216.623.6555.

CRIMINAL NOTE STATEMENT

I, _____, an applicant for employment with Mental Health Services for Homeless Persons, Inc. do hereby attest to the fact that I have not been convicted of or plead guilty to any of the offenses listed below either in the State of Ohio or any other state:

- **Homicide** (i.e., Aggravated Murder, Murder, Voluntary Manslaughter, Involuntary Manslaughter);
- **Assault** (i.e., Felonious Assault, Aggravated Assault, Assault, Failing to provide for a functionally impaired person);
- **Menacing** (i.e., Aggravated Menacing);
- **Patient Abuse and Neglect** (i.e., Patient Abuse; Neglect);
- **Kidnapping and Related Offenses** (i.e., Kidnapping, Abduction, Child stealing (as the offense prior to 07-01-1996), Criminal Child Enticement)
- **Sex Offenses** (i.e., Rape, Sexual Battery, Corruption of a Minor, Gross Sexual Imposition, Sexual Imposition, Importuning, Voyeurism, Public Indecency, Felonious Sexual penetration (as the offense formally existed), Compelling Prostitution, Promoting Prostitution, Procuring, Prostitution, Disseminating Matter harmful to Juveniles, Pandering Obscenity, Pandering sexually oriented matter involving a Minor, Illegal use of a minor in nudity-orientated material or performance)
- **Robbery and Burglary** (i.e., Aggravated Robbery, Robbery, Aggravated Burglary, Burglary);
- **Offenses Against Family** (i.e., Unlawful abortion, Endangering children, Contributing to the unruliness or delinquency of a child, Domestic Violence);
- **Weapons Control** (i.e., Corrupting another with drugs, Trafficking in Drugs, Illegal manufacturing of drugs or cultivation of marijuana, Funding of drugs or Marijuana trafficking, Illegal administration or distribution of anabolic steroids);
- **Others** (i.e., Placing harmful objects in food or confection, Interference with custody or interfering with action to issue or modify a support order); and,
- **Additional Disqualifying Offenses**
 - Any offense, in this State, any other State or Municipality, or the United States which is substantially equivalent to any of the above offenses.
 - Any felony contained in the Ohio Revised Code or misdemeanor that is a felony of the second offense, which bears a direct and substantial relationship to the duties and responsibilities of the position the applicant is being considered for.

I understand and agree that false statements and/or omissions regarding past conduct and/or present situation(s) may be grounds for dismissal or termination of contract.

I further understand that I will be fingerprinted for a State of Ohio criminal record check. If I have lived in Ohio for less than five (5) years, I understand that I will be fingerprinted for an FBI criminal record check.

If I am hired by and/or initiate a contract with MHS., I understand that I must report any arrest or conviction to MHS. within twenty-four (24) hours or one (1) day following a conviction. This includes pleas of "guilty" and "no contest."

Applicant Signature

Date

Witness Signature

Date

MHS

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (a) cancel further consideration of this application, or (b) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not lawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for six months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I understand that this application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Name: _____
Last First M.I.

Signature: _____ **Date:** ____ / ____ / ____

Please provide your social security number and driver's license number (if driving is an essential job function).

Social Security Number: _____

Driver's License Number: _____ **Issuing State:** _____