

EDUCATION	NAME AND ADDRESS OF INSTITUTION	COURSE OF STUDY/MAJOR	NUMBER OF YEARS COMPLETED	DEGREE OBTAINED
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
TRADE, BUSINESS OR TECHNICAL SCHOOL				
GRADUATE SCHOOL				
OTHER				

LICENSES AND/OR CERTIFICATIONS (ALL APPLICANTS)

<u>LICENSE / CERTIFICATION</u>	<u>ISSUING STATE</u>	<u>LICENSE NUMBER</u>	<u>EXPIRATION DATE</u>
<input type="checkbox"/> DRIVER'S TYPE _____	_____	_____	_____
<input type="checkbox"/> PROFESSIONAL CPA, PE, RN, LPN, ETC.	_____	_____	_____

I understand that if offered a position of employment that requires licenses or certifications and I fail to maintain them or otherwise lose such licenses and/or certifications, my employment can be terminated.

ALL APPLICANTS – PLEASE INITIAL: _____ .

EMPLOYMENT HISTORY

List work experience, beginning with the most recent. Include all employment whether full-time, part-time, seasonal or temporary. Attach additional sheets if more space is needed. **DO NOT USE "SEE RESUME" IN LIEU OF COMPLETING THE APPLICATION.**

FROM/TO: _____	EMPLOYER: _____
ADDRESS: _____	TELEPHONE: _____
JOB TITLE: _____	SUPERVISOR: _____ MAY WE CONTACT? _____
JOB DUTIES: _____	
REASON FOR LEAVING: _____	FINAL SALARY: \$ _____

FROM/TO: _____ EMPLOYER: _____
ADDRESS: _____ TELEPHONE: _____
JOB TITLE: _____ SUPERVISOR: _____ MAY WE CONTACT? _____
JOB DUTIES: _____
REASON FOR LEAVING: _____ FINAL SALARY: \$ _____

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ADDRESS: _____ TELEPHONE: _____
JOB TITLE: _____ SUPERVISOR: _____ MAY WE CONTACT? _____
JOB DUTIES: _____
REASON FOR LEAVING: _____ FINAL SALARY: \$ _____

THREE WORK-RELATED REFERENCES (PLEASE PRINT CLEARLY)

NAME	ADDRESS	PHONE	OCCUPATION	YEARS KNOWN

APPLICANT CERTIFICATION AND AGREEMENT

READ CAREFULLY BEFORE SIGNING

The Mental Health & Recovery Board of Portage County complies with all federal, state and local laws that prohibit discrimination, including, but not limited to, the following: (1) The Civil Rights Act of 1964 (Title VII) which prohibits discrimination in employment because of race, color, religion, sex, national origin or ancestry; (2) The Age Discrimination in Employment Act (ADEA) of 1967 (3) The Rehabilitation Act of 1973 and the Americans With Disabilities Act of 1990 which prohibit discrimination against persons with disabilities; and (4) Ohio Revised Code Chapter 4112.02.

I authorize MHRBPC (its officers, agents, representatives or duly authorized employee) to make a thorough investigation of my past employment, and to verify all data given on this application. I also agree to cooperate in such investigations and release from all liability or responsibility all persons, companies or corporations supplying such information. If the position for which I am applying requires, as a condition of employment, the possession of a valid driver's license, I also authorize MHRBPC to verify the validity of my driver's license and/or review the state's Motor Vehicle Registration Records.

I understand that an offer of employment may be contingent upon passing a drug/alcohol screening and submitting to a physical examination, if required by county policy, and I consent to the examinations and such future examinations as may be required by MHRBPC. If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States.

I understand that an offer of employment may be contingent upon passing a criminal background check.

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that if employed, any false or misleading statements on this application shall be considered sufficient cause for dismissal.

By signing this agreement, I am acknowledging that I have thoroughly read the above and that its terms and conditions are fully understood.

APPLICANT SIGNATURE

DATE