

*This application will not be considered unless it is completed in its entirety (do not write "see resume").
Applicants are not required to provide any information that is prohibited by federal, state or local law.*

PERSONAL:

Position Applying For: _____ Date of Application: _____

Name: _____
Last First Middle

Address: _____

City: _____ State/Zip: _____

Telephone Number: _____ Email: _____

Do you have any work-related licensure / certification? Yes No If Yes, list type and #: _____

EDUCATION:

Name of School	Address	Course of Study	Years Completed	Degree Obtained
High School:				
Technical School:				
College:				
Graduate School:				
Other:				

WORK HISTORY: (List in chronological order with most recent listed first)

Employer Name:	
Address:	Dates of Employment (Mo/Yr): _____ to _____
Phone Number:	Supervisor:
Position Held:	Ending Salary:
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Summary of Duties: _____ _____ _____	

Lakeland Mental Health Center is an equal opportunity employer. Applicants are considered without regard to race, religion, color, creed, national origin, age, gender, sexual orientation, marital status, status with regard to public assistance, the presence of any mental or physical disability (unless such disability effectively prevents the performance of the essential duties of the position which cannot be accommodated without undue hardship), or any other legally protected class.

(OVER)

WORK HISTORY (continued):

Employer Name:	
Address:	Dates of Employment (Mo/Yr): _____ to _____
Phone Number:	Supervisor:
Position Held:	Ending Salary:
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Summary of Duties: _____ _____ _____	

Employer Name:	
Address:	Dates of Employment (Mo/Yr): _____ to _____
Phone Number:	Supervisor:
Position Held:	Ending Salary:
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Summary of Duties: _____ _____ _____	

MEMBERSHIP IN PROFESSIONAL/CIVIC ORGANIZATIONS: (Exclude those relating to religion, race, age, etc.)

REFERENCES (other than employers listed above):

Name:	Address:	Phone:
Occupation:		
Name:	Address:	Phone:
Occupation:		

SIGNATURE:

I understand that any offer of employment from LMHC is contingent upon satisfactory completion of a background investigation. I hereby authorize Lakeland Mental Health Center, Inc. to request from the employers/individuals listed above any information concerning my qualifications, character, or employment record, and release all such persons from any liability or damages on account of having furnished such information.

I hereby verify that I am legally authorized to work in the United States and understand that any misrepresentation or omission made by me, either verbally or in writing, during the employment process will be sufficient cause for discipline, up to and including immediate termination of employment.

No provision in this application is intended to create, or should be interpreted to create, a contract between Lakeland Mental Health Center, Inc. and the applicant.

_____ Date

_____ Signature of Applicant