



Oxford County Mental Health Services

EMPLOYMENT APPLICATION

The purpose of this application is solely to allow persons a standardized form on which to submit their qualifications.

GENERAL INFORMATION

Name (Last, first, middle) Social Security Number

Street Address Town State Zip

Mailing Address (if different from above)

Home Telephone Business Telephone

May we contact you at work? Yes No

Position Desired _____ Date Available _____

How did you find out about this position?

Newspaper Magazine/Journal Job Service
 Agency Employee Other

Availability for Work: Full time Part time Hours
 Occasional Any

Have you previously or are you currently employed by any other mental health agency?
If yes, please indicate: _____

Can you perform the job for which you are applying with or without
accommodation? If accommodation is necessary, please explain _____

Have you been convicted of a crime other than minor traffic violations? (that includes sex or
child abuse related offences) Conviction of a crime does not necessarily disqualify the applicant
from consideration of employment.

yes no If yes, please explain. _____

EMPLOYMENT and VOLUNTEER HISTORY

Please list all your previous jobs, beginning with your present or most recent position. Please include military, self-employment, summer and part-time work. If you need more paper, please use an additional sheet. **If you have a resume**, please attach as well and complete the employment section below. **This employment application cannot be processed unless completed in full.**

Name of most recent Employer _____
Address _____
Name of Supervisor _____ Phone _____
Duties _____
Dates worked: From _____ to _____ Starting Position _____
Last Position _____ Starting Pay _____ Ending Pay _____
Reason for leaving _____

Name of Employer _____
Address _____
Name of Supervisor _____ Phone _____
Duties _____
Dates worked: From _____ to _____ Starting Position _____
Last Position _____ Starting Pay _____ Ending Pay _____
Reason for leaving _____

Name of Employer _____
Address _____
Name of Supervisor _____ Phone _____
Duties _____
Dates worked: From _____ to _____ Starting Position _____
Last Position _____ Starting Pay _____ Ending Pay _____
Reason for leaving _____

May we contact all the employers listed above? _____ Yes _____ No
If not, which ones should we not contact . _____

If you do not have the names of three employers who can provide references for you, please list below the names of non-relatives who may be contacted for references.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATIONAL BACKGROUND

High School

Name & Address of School _____

Course of Study _____

Years Completed _____ Did you Graduate? _____

Degree of Diploma Earned _____

College

Name & Address of School _____

Course of Study _____

Years Completed _____ Did you Graduate? _____

Degree of Diploma Earned _____

College

Name & Address of School _____

Course of Study _____

Years Completed _____ Did you Graduate? _____

Degree of Diploma Earned _____

Have you been employed or received a degree, license, certificate, or registration under a different name? _____ Yes _____ No

If yes, what name? _____

Highest degree earned _____

What are your plans for continuing education? _____

Are you currently: _____ Registered _____ Licensed _____ Certified
Eligible for: _____ Registration _____ Licensure _____ Certification

Licensed: Type _____ State Issued _____ Date _____ No. _____

Registered: Type _____ State Issued _____ Date _____ No. _____

Certified: Type _____ State Issued _____ Date _____ No. _____

Please list any workshops, courses, or training (including military) which you feel are directly related to the position for which you are to be considered.

Please indicate any special skills and/or qualifications that you possess that you feel directly relate to the position for which you are applying.

RELEASE OF INFORMATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and further authorize the references on this application to give you any and all information concerning my previous employment and any pertinent information they may have.

I expressly authorize any law enforcement agency to provide any and all information relating to any prior criminal history to Oxford County Mental Health Services, (OCMHS), and I release any such provider of information from any and all liability for any damage or loss which may result from the furnishing of such information.

I expressly authorize the Maine Department of Human Services or the equivalent of the Maine Department of Human Services in other states to release any information to OCMHS related to any child or elder abuse investigation in which I may have been subject to an investigation. I release any agency or individual who may provide such information from any and all liability for any damages or loss which may result from the furnishing of such information.

I understand that OCMHS will request information from any source listed above prior to my employment. This information is to be used to determine my employment eligibility. This information shall not be released to any other party without my written permission.

Signature of Applicant

Date

An Equal Opportunity Employer