



## TRANSITIONS MENTAL HEALTH ASSOCIATION

277 SOUTH STREET, SUITE Y, SAN LUIS OBISPO, CA 93401

PHONE (805) 541 - 5144 FAX (805) 541 - 9480

WWW.T-MHA.ORG

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, ancestry, national origin, creed, religion, age, sex, sexual orientation, marital status, handicap, pregnancy, physical or mental disability, medical condition, status as a disabled veteran, or other protected characteristics except where a reasonable, bona fide, occupational qualification exists. We comply with all laws regarding reasonable accommodation for disabled and handicapped employees.

### EMPLOYMENT APPLICATION

All questions must be answered clearly and completely in ink (even if submitting a resume) Date \_\_\_\_\_  
or this application may not be considered. If complete, this application is valid for 90 days.

Name \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
No. Street City-State Zip

Telephone (\_\_\_\_\_) \_\_\_\_\_ Social Security # (last 4 digits) xxx-xx- \_\_\_\_\_

E-Mail address: \_\_\_\_\_

### EMPLOYMENT DESIRED

Position applying for: \_\_\_\_\_ Wage desired \_\_\_\_\_ Date Available \_\_\_\_\_

Available:  Full Time  Part Time  Relief  Weekends  Evenings  Overnights  Overtime

How were you referred to us?  Newspaper  School  Current employee  EDD  Other \_\_\_\_\_

Which client population do you prefer to work with:  Youth  Adult  Either

If applying for a position in a Youth program: Do you have a bachelor's degree? \_\_\_Yes \_\_\_No

*or*

At least 2 years full-time, paid, awake experience supervising at-risk youth? \_\_\_Yes \_\_\_No

### PERSONAL INFORMATION

Are you currently employed? \_\_\_Yes \_\_\_No

If hired, can you present evidence of your US citizenship or proof of your legal right to live and work in this country? \_\_\_Yes \_\_\_No

Are you at least 18 years old? \_\_\_Yes \_\_\_No

(Note: hire is subject to verification of minimum legal age.)

Have you ever applied to or worked for SLO Transitions, Mental Health Association or Transitions Mental Health Association before? \_\_\_Yes \_\_\_No

List names of any friends or relatives working for TMHA: \_\_\_\_\_

List any other names you have worked under: \_\_\_\_\_

After an employment offer, would you agree to take a fit for duty medical examination and tuberculosis test if the job requires it?  Yes  No

If hired, do you have reliable transportation to and from work?  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  Yes  No

If no, describe the functions that cannot be performed: \_\_\_\_\_  
(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and skill tests.)

Are you bilingual?  Yes  No

If yes, please list languages you can speak fluently other than English.

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**The following question is optional.**

What is your ethnicity (circle one): Caucasian African American Hispanic

American Indian Asian/Pacific Islander Other

**The following questions are a requirement of our agency insurance company:**

(Note: Hire is subject to obtaining a California Driver's License within 30 days of employment and verification of driving record through DMV.)

Do you have a valid California Driver's License?  Yes  No

Do you have a minimum of two years driving experience?  Yes  No

Do you have more than 3 moving violations in the past 3 years?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you been involved in more than 2 accidents in the past 3 years?  Yes  No

If yes, please explain: \_\_\_\_\_

Please list all major violations on your driving record within the last 5 years. (Some examples include: DUI, suspended license, reckless driving, driving without insurance, exhibition of speed, unlicensed driver)

Do you have any pending indictments or previous convictions for a criminal offense? (felony or misdemeanor)  Yes  No

If yes, state the nature of the crime(s), when and where convicted and disposition of the case.

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(Note: Hire is subject to a criminal record clearance satisfactory to TMHA and its insurance carrier. No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for will be considered.)

**EDUCATION, TRAINING, AND EXPERIENCE**

(Proof of education may be required upon employment)

School	Name and Address	Course of Study	Years/Units Completed	Did you Graduate?	Degree, Diploma Or Certificate?
High School					
College/ University					
College/ University					
Other					

List any other job-related experience, school courses, training, qualifications, or skills which you feel make you especially suited for work at TMHA:

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**PERSONAL REFERENCES**

List two persons not related to you. **Please do not list previous supervisors.**

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Years Known \_\_\_\_\_

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Years Known \_\_\_\_\_

**EMPLOYMENT HISTORY**

**YOU MUST COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME.**

List all prior employment within the last 10 years starting with your most recent or current employer; please account for all periods of unemployment.

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Duties \_\_\_\_\_ Wage: Starting \_\_\_\_\_

Ending \_\_\_\_\_

Employed: From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_ Hours per Week: \_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Duties \_\_\_\_\_ Wage: Starting \_\_\_\_\_  
Ending \_\_\_\_\_

Employed: From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_ Hours per Week: \_\_\_\_\_ Supervisor:  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Duties \_\_\_\_\_ Wage: Starting \_\_\_\_\_  
Ending \_\_\_\_\_

Employed: From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_ Hours per Week: \_\_\_\_\_ Supervisor:  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Duties \_\_\_\_\_ Wage: Starting \_\_\_\_\_  
Ending \_\_\_\_\_

Employed: From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_ Hours per Week: \_\_\_\_\_ Supervisor:  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Duties \_\_\_\_\_ Wage: Starting \_\_\_\_\_  
Ending \_\_\_\_\_

Employed: From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_ Hours per Week: \_\_\_\_\_ Supervisor:  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Please read each paragraph carefully, initial each paragraph, and sign below**

I certify that I have not knowingly withheld any information that might adversely affect my opportunity for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
Initials

I authorize Transitions Mental Health Association (TMHA) to thoroughly investigate my references, work record, education and other matters related to my suitability for employment, and further, authorize the references I have listed to disclose to the company any and all work related records and information, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
Initials

I understand that a fingerprint check through the Department of Justice and FBI may be required as a condition of hire. Should a search of public records be conducted by TMHA, I am entitled to obtain a copy of the information received unless I initial the line below stating I do not want a copy of such records. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have initialed the line below. I further understand that prior to receipt of the Department of Justice and FBI records, TMHA and its insurance carrier may deny me unsupervised access to persons to whom we provide care. I further understand that hire and continued employment is subject to a criminal record clearance satisfactory to TMHA and its insurance carrier.

\_\_\_\_\_  
Initials

I waive receipt of a copy of any public record described in the paragraph above.

\_\_\_\_\_  
Initials

I understand that nothing contained in this application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company, TMHA. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the executive director of TMHA.

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This application will be valid for three months. Applicants will not be considered for job openings that occur after 90 days from the receipt of this application. A new application must be submitted.**