



1301 North High Street
Columbus, Ohio 43201

Application for Employment

Position # _____ position applied for: _____
(must have position # or title)

Name: _____ Date: _____

Social Security number _____ - _____ - _____ Telephone: _____

Address: _____

City/State/Zip _____

How did you learn about this position? _____

Do you have access to a car if needed to fulfill the job description and the requirements of the position?

Yes No

Have you ever been convicted of a felony? (Conviction will not necessarily disqualify you from the position applied for.) Yes No

If position you are applying for requires license or certification, please give:

Licensing Agency: _____ Date Issued: _____

License Number: _____ Expiration Date: _____

North Central Mental Health Services follows rules and regulations governing fair employment practices.

Opportunity for employment with North Central, or for any of its services, is open to any persons without regard to race, color, religion, sex, national origin, ancestry, ethnicity, sexual orientation, physical/mental disability, Viet Nam era/veteran status, HIV/AIDS-related complex condition, or age.

As an applicant your right to privacy shall be respected. The results of any inquiries made in connection with your application for employment shall be treated in confidence by the agency.

Education

School Type	School Name & Address	Years Completed	Diploma/Degree	Major Subject
Primary High or GED			HSG: Yes ____ No ____ GED: Yes ____ No ____ *(Check one)	
College/ University			Date Received: Type:	
College/ University			Date Received: Type:	
Graduate/ Professional			Date Received: Type:	
Other			Date Received: Type:	

*Date high school diploma was received is **NOT** required.

References

List the names of three persons other than relatives who are familiar with your work habits.

1. Name: _____ Telephone: _____

Address: _____

City State Zip

2. Name: _____ Telephone: _____

Address: _____

City State Zip

3. Name: _____ Telephone: _____

Address: _____

City State Zip

APPLICATION WILL NOT BE ACCEPTED IF THIS OATH IS OMITTED. YOU MUST PERSONALLY APPEAR BEFORE A NOTARY PUBLIC OR OTHER AUTHORIZED OFFICIAL FOR THIS PURPOSE.

I solemnly swear or affirm that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I understand that any willful misrepresentation or failure to give the truth may result in disqualification for any position with this agency, or, if employed, immediate termination. I further consent to a police records check if interviewed or otherwise considered for a specific position with this agency.

Signature of Applicant

Subscribed and duly sworn before me according to law, by the above named applicant this ____ day of _____, 20 ____, at _____, County of _____, and State of _____.

Signature of Office

(Seal)

Title