

**Grant-Blackford Mental Health, Inc.**  
**Application Instructions**

**This is a two-part application. The second part must be filled out in the Human Resources Department. Applications will not be taken into consideration without both parts being completed.**

Please use ink when completing this application.  
Complete the application in detail, do not leave blank spaces.  
Please use additional paper, if necessary, to complete the application.

NOTE: Grant-Blackford Mental Health, Inc. is a smoke free and drug/alcohol free workplace. Any offers of employment are made contingent upon successful completion of a urine drug/alcohol screening.

**All employees of Grant Blackford Mental Health, Inc. must have a telephone or a beeper.**

**Your responsibility in the application process:**

**Applicants will have (14) fourteen calendar days in which to provide us with all of the following that apply:**

- 1. If the applicant is currently employed, final employment is contingent upon a positive reference being obtained post offer/pre hire from current employer, and**
- 2. If previously employed, a reference letter from a previous employer, and**
- 3. A reference letter from previous volunteer work, if the applicant does not have previous paid work, or**
- 4. A reference letter from teachers, if the applicant has never worked in either a paid or volunteer capacity.**

**We need a work reference from your current employer and your immediate previous employer. Three letters of reference are required; your current employer and two (2) immediate previous employers.**

Reference letters should contain a description of the activity performed, the effective start and stop dates, and any other information that would be helpful to our evaluation of your ability to perform the job for which you have applied (ie: dependability, ability to work with others, etc.) Reference letters may be faxed or mailed to our Human Resources Department. Our fax number is 765-662-7480 and our mailing address is: Human Resources, Grant-Blackford Mental Health, Inc., 505 Wabash Avenue, Marion, IN 46952. We reserve the right to verify these references or any others we might identify.

**Applications are considered to be complete when all information including references has been received.** Completed applications are reviewed on a first-come basis; therefore, a position may be filled before the fourteen-day period expires.

Grant-Blackford Mental Health, Inc.

# Application for Employment

Applicants will be considered for all positions based on qualifications for the position. Decisions will not be made in regard to race, color, religion, creed, sex, age, national origin, marital, or veteran status, sexual orientation, or any other legally protected status.

## Personal

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Interested in: Full-time  Part-time  Shift work

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

Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

email address \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_

Cell phone (\_\_\_\_) \_\_\_\_\_

Date available for work \_\_\_\_\_

Can you provide proof of eligibility for employment in the United States?  Yes  No

Have you ever applied for employment with us before?  Yes  No  
If yes, when? \_\_\_\_\_

Have you ever been employed here before?  Yes  No  
If yes, when? \_\_\_\_\_

Are you currently employed?  Yes  No

Are you able to travel if the job would require it?  Yes  No

Have you been convicted of a felony or misdemeanor in the last 7 years?  Yes  No

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

## Education

School	Name and Location of School	Course of Study	No. of years completed	Did you graduate?	Degree & Year Rec'd
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate				Yes <input type="checkbox"/> No <input type="checkbox"/>	

# Employment History

*Please list most recent experience first.*

1. Company Name \_\_\_\_\_ Telephone #: \_\_\_\_\_ Job title: \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Wage: \_\_\_\_\_ per \_\_\_\_\_  
Job duties: \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

---

2. Company Name \_\_\_\_\_ Telephone #: \_\_\_\_\_ Job title: \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Wage: \_\_\_\_\_ per \_\_\_\_\_  
Job duties: \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

---

3. Company Name \_\_\_\_\_ Telephone #: \_\_\_\_\_ Job title: \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Wage: \_\_\_\_\_ per \_\_\_\_\_  
Job duties: \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

---

4. Company Name \_\_\_\_\_ Telephone #: \_\_\_\_\_ Job title: \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Wage: \_\_\_\_\_ per \_\_\_\_\_  
Job duties: \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

---





## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand and acknowledge that any employment relationship with this organization is of an "at will" nature, which means the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or conduct.

I authorize anyone of whom request is made to supply to the company, any information concerning my background in connection with employment consideration. I hereby release all parties, including but not limited to the company and my prior employers, from any and all liability for any damage that may result from their furnishing information concerning me. I understand falsification, misrepresentation, incomplete information, or omission of facts called for on this application will result in dismissal.

I authorize any and all past employers to release information pertinent to making an employment decision to Grant-Blackford Mental Health, Inc. I hereby release any past employer from liability for damages upon release of requested information.

This release applies to those individuals who may, in the course of their employment drive company vehicles, utilize their own vehicle for transportation of clients, or drive on company time for company business (which includes workshops, mandatory inservices, running errands, etc.)

I, \_\_\_\_\_, authorize Grant-Blackford Mental Health, Inc. to obtain a copy of my BMV record from the state of \_\_\_\_\_ where my current license was issued. Grant-Blackford is a Drug Free Workplace as defined by law and its own procedures. I understand that as a condition of employment, I agree to comply with drug testing initially, for cause, or as otherwise legally permitted or required. I understand that the results of this screening will be one of the determining factors in my eligibility for employment and release any entity from liability in the event that I am not selected for employment based upon what is contained in my BMV record.

If employed by Grant-Blackford Mental Health, Inc., I understand that it is my responsibility to report any moving violations incurred by myself within 24 hours of conviction. I further understand that by signing below this allows Grant-Blackford Mental Health, Inc. to recheck my driving record annually or at any other time by request of the employer or its insurance carriers. I also understand that this release is effective for the entire length of my employment. At that time, the continuation of my employment will be evaluated by the appropriate staff of Grant-Blackford Mental Health, Inc. I further understand it is my responsibility to carry the appropriate insurance on my personal automobile as is legally required by the State of Indiana and agree that I will provide proof of this coverage upon request by my employer.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver's License #/Issuing State

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date of Birth

# Affirmative Action Data Record

Employees with our organization are chosen by qualifications and not chosen with regard to race, color, gender, national origin, disability, age, marital or veteran status, sexual orientation or any other legally protected status.

We are an employer with an Affirmative Action Program and we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of the Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. **Please note that inclusion or exclusion of any data will not affect any employment decision.**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name	First name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	State	Zip code
<input type="text"/>	<input type="text"/>	
Telephone number(s)	Social security #	

**Referral Source:**

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employee	<input type="checkbox"/> Relative	<input type="checkbox"/> Private Employment Agency
<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Gov'n't Employment Agency	<input type="checkbox"/> Other _____

Current Job: _____	Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b><u>Check one of the following (Ethnic Origin)</u></b>		
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Black	<input type="checkbox"/> Other	<input type="checkbox"/> Asian/Pacific Islander
<b><u>Check if any of the following apply</u></b>		
<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Disabled Individual

**Grant-Blackford Mental Health, Inc.**  
**Applicant Consent for Release of Information**

The undersigned individual authorizes any law enforcement agency to release any criminal or traffic information on file to Grant-Blackford Mental Health, Inc. I hereby release any law enforcement agency from all liability for damages whatsoever upon the release of this information.

Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## Release for Credit Check

(Applies to all fiscal service employees, supervisors, cashiers)

I hereby authorize Grant-Blackford Mental Health, Inc. to obtain a copy of my credit history. I understand the results of this check will be one of the determining factors in my eligibility for employment. I release any entity from liability in the event that I am not selected for employment based upon what is contained in my credit check. I understand by signing below this allows Grant-Blackford Mental Health, Inc. to recheck my credit history annually or at any other time during my entire length of employment. At that time, appropriate staff of Grant-Blackford Mental Health, Inc will evaluate the continuation of my employment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip