FORM 80 ADM (MH) (7/02)

State of New York
OFFICE OF MENTAL HEALTH

Facility Stamp

APPLICATION FOR EMPLOYMENT

It is the policy of the New York State Office of Mental Health to provide an equal employment opportunity to all people without regard to race, color, gender, religion, age, national origin, disability, marital status, sexual orientation or Vietnam Era Veteran Status.

INSTRUCTIONS: All questions are to be answered by the applicant. False statements may be grounds for dismissal.

A. PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Social Security Number
			___ — ___ — ____
Residence — Street Address			Home Telephone Number ( )
City/Town/Village	State	Zip Code	Business Telephone Number ( )

B. POSITION(S) DESIRED *(If Known)*

	Date Available	Are you available for full time work?	Are you on a state civil service list for the position for which you are applying?
		❑ YES ❑ NO	❑ YES ❑ NO

C. EMPLOYMENT HISTORY *(Start with Most Recent/Current Employment)*

Is additional information concerning change of name or use of assumed name/nickname necessary to check on your employment history?
❑ NO ❑ YES If YES, Explain _____

May we contact your current employer for a reference? ❑ NO ❑ YES ❑ NOT APPLICABLE

From (Mo/Yr)	Name of Employer		Title
To (Mo/Yr)	Employer's Address		Duties
Salary	Name of Supervisor	Reason for Leaving	
From (Mo/Yr)	Name of Employer		Title
To (Mo/Yr)	Employer's Address		Duties
Salary	Name of Supervisor	Reason for Leaving	
From (Mo/Yr)	Name of Employer		Title
To (Mo/Yr)	Employer's Address		Duties
Salary	Name of Supervisor	Reason for Leaving	

If appropriate, attach a resume or separate sheet to describe all other employment, volunteer work, or experience relevant to the position you are seeking.

D. MILITARY SERVICE

Have you ever served in the Armed Forces of the United States?	❑ Yes ❑ No	Branch _____
Are you claiming Veteran's Credits?	❑ Yes ❑ No	*If YES, and you are hired, you will be required to furnish a copy of your DD214.*
Did you receive an honorable discharge?*	❑ Yes ❑ No	*(*A NO answer is not an automatic bar to employment. Each response will be reviewed on an individual basis in relation to ability to perform job duties. Explain in "Remarks" on page 2.)*

— AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER —

E. EDUCATION

Circle highest grade completed **1 2 3 4 5 6 7 8 9 10 11 12**			College: **1 2 3 4 4+**	
Do you have a High School Equivalency Diploma? ❑ **YES** *(If **YES**, specify issuing body and number _____)* ❑ NO				
SCHOOL	**NAME**	**CITY AND STATE**	**DIPLOMA OR** DEGREE **RECEIVED**	**MAJOR**
High School				
College, Technical or Business School				
Graduate School or Additional Training				

F. ADDITIONAL INFORMATION *(Answer all questions)*

1.	Are you 18 years of age or older?	❑ YES	❑ NO
2.	Do you possess a current Drivers License?	❑ YES	❑ NO
3.	Except for minor traffic violations, have you ever been convicted of a crime (Felony or Misdemeanor)?*	❑ YES (Explain Under "Remarks" below)	❑ NO
4.	Are you now under charges for any crime?*	❑ YES (Explain Under Remarks" below)	❑ NO
5.	Are you a citizen of the United States or do you have the legal right to accept employment in the United States?	❑ YES	❑ NO
6.	Have you ever been employed by New York State?	❑ YES	❑ NO If YES, from _____ to _____
7.	Have you ever been employed by this facility?	❑ YES	❑ NO If YES, from _____ to _____
8.	Have you previously applied to this Facility/Agency for employment?	❑ YES	❑ NO
9.	Were you ever discharged from employment except for lack of work or funds, disability or medical condition?*	❑ YES (Explain Under "Remarks" below)	❑ NO
10.	Have you ever resigned from any employment in lieu of disciplinary action or termination?*	❑ YES (Explain Under "Remarks" below)	❑ NO
11.	Are you an exempt volunteer fire fighter?	❑ YES	❑ NO

** A YES answer is NOT an automatic ban to employment. Each response will be reviewed on an individual basis in relation to the specific job for which you are applying.*

G. REMARKS *(Attach additional sheets if necessary)*

H. PERSONAL REFERENCES *(Not relatives)*

Name	Address
Name	Address

BY MY SIGNATURE I AGREE TO TAKE A PRE-EMPLOYMENT PHYSICAL EXAMINATION, AND IF EMPLOYED, I AGREE:

1. To treat patients with kindness and consideration;
2. To report improper treatment of patients;
3. To follow established rules and regulations;
4. To work any assigned shift on any day, including overtime as necessary;
5. To take necessary immunization against contagious diseases;and,
6. To permit inspection of my belongings and containers by proper facility authorities, when deemed appropriate.

I certify that all questions answered and all information provided by me on the employment application are true and correct to the best of my knowledge and belief. I also authorize investigation of all information provided.

_____ _____

SIGNATURE DATE

State of New York
OFFICE OF MENTAL HEALTH

SUPPLEMENT: PERSONAL HISTORY AND APPLICATION FOR EMPLOYMENT

DATE:_____

LICENSES

If a license, certificate, registration or other authorization to practice a trade or profession is required for the position for which you are applying, complete the following questions.

Do you have professional license(s), certificate(s), or registration(s)? ❑ YES ❑ NO *If YES, please list below:*

PROFESSION OR TRADE	***GRANTING AGENCY***	***DOCUMENT NUMBER***	***DATE ISSUED***	***DATE EXPIRES***

PROVISIONAL OR TEMPORARY LICENSE(S)	***DATE ISSUED***	***DATE EXPIRES***

LICENSE(S) FOR WHICH YOU ARE ELIGIBLE:

Have you ever been found guilty of unprofessional conduct, professional misconduct, or negligence in any profession?	❑ YES *(Explain under **"MISCELLANEOUS" B**ELOW)*	❑ NO
Are charges now pending against you for unprofessional conduct, or negligence in any profession?	❑ YES *(Explain under **"MISCELLANEOUS"** BELOW)*	❑ NO
Have you ever surrended any license in lieu of disciplinary procedures?	❑ YES *(Explain under **"MISCELLANEOUS"** BELOW)*	❑ NO

MISCELLANEOUS

List any professional honors received, works published, or other professional accomplishments.

I certify that the statements made in this application supplement are true and correct to the best of my knowledge and belief, and authorize investigation of all information given.

_____
SIGNATURE

FOR OFFICE USE ONLY

Processing	References
Interview Date	Interviewed by
Test	Score
Physical Date	Starting Date
Assignment	Item Number
Title	