



521 Route 228 Mars, Pa 16046
 Telephone (724) 625-3141 Fax (724) 625-2226
 info@mhy-mars.org

Personal Information

Last Name		First Name		Middle Name
Street Address		City, State		Zip Code
Home Phone:		Cell Phone:	E-mail Address:	
Position(s) to which you're applying:			Desired Pay Range:	
Available to work:	Shift Preference (if applicable:)	Days Available to work	Are you at least 18 years of age?	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	<input type="checkbox"/> First Shift – 7a-3p <input type="checkbox"/> Second Shift – 3p-11p <input type="checkbox"/> Third Shift – 11p-7a	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date available to start		Date:		
How were you referred?				
<input type="checkbox"/> Employee Referral _____ <input type="checkbox"/> College/University _____ <input type="checkbox"/> Web Site/MHY Site _____ <input type="checkbox"/> Social Media _____ <input type="checkbox"/> Other _____				
Have you ever applied for employment with us before? If yes, give dates and position for which you applied.				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Department		
Have you ever been employed by us before? If yes, give date and position that you held.				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Department		
Are you acquainted with or related to any employees of our company?				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Name(s)	Department		
Have you ever been convicted of a felony?				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Please note a criminal record does not constitute an automatic bar from employment			

Education

	Name and Address of School	Course of Study	Number of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Business, Technical, Trade School				
Graduate Professional				
Other				

Other Training

Describe any specialized training, apprenticeship, skills, and other extra-curricular activities.

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Military Service

Branch/Duty/Location	Military Specialty	Highest Rank	Special Honors/Training

Work Experience

COMPANY NAME		Date Employed From	Date Employed To	
Company Address		Starting Pay	Ending Pay	
Supervisor	Phone Number	May We Contact?	Full Time or Part Time	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Title				
Responsibilities				
Reason for Leaving				

COMPANY NAME		Date Employed From	Date Employed To	
Company Address		Starting Pay	Ending Pay	
Supervisor	Phone Number	May We Contact?	Full Time or Part Time	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Title				
Responsibilities				
Reason for Leaving				

COMPANY NAME		Date Employed From	Date Employed To
Company Address		Starting Pay	Ending Pay
Supervisor	Phone Number	May We Contact?	Full Time or Part Time
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Title			
Responsibilities			
Reason for Leaving			

COMPANY NAME		Date Employed From	Date Employed To
Company Address		Starting Pay	Ending Pay
Supervisor	Phone Number	May We Contact?	Full Time or Part Time
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Title			
Responsibilities			
Reason for Leaving			

COMPANY NAME		Date Employed From	Date Employed To
Company Address		Starting Pay	Ending Pay
Supervisor	Phone Number	May We Contact?	Full Time or Part Time
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Title			
Responsibilities			
Reason for Leaving			

COMPANY NAME		Date Employed From	Date Employed To
Company Address		Starting Pay	Ending Pay
Supervisor	Phone Number	May We Contact?	Full Time or Part Time
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Title			
Responsibilities			
Reason for Leaving			

References (Please provide three *professional* references and sign the Employment Verification page attached to this application)

Name	Association to Applicant	Phone Number	Years Known

Name	Association to Applicant	Phone Number	Years Known

Name	Association to Applicant	Phone Number	Years Known

Conditions

<ol style="list-style-type: none"> The information that I have provided on this application is accurate and true to the best of my knowledge. I understand that any misrepresentation or omission of the facts on my application, resume, or during the interview or hiring process may result in the refusal of employment, or if employed, immediate termination from employment. The persons, schools, current and prior employers (as presented in the employment history section or otherwise during the interview process), or other organizations or employers named in this application or the interview process are authorized by me to verify the information I have provided and to provide information that maybe requested to make a hiring decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature. I hereby attest that I am not now, nor have I even been excluded from participation in any federally-funded health care program, nor am I currently being investigated in a matter that may lead to exclusion from Medicaid program participation. 	
Signature	Date

Sanctuary Commitment

MHY is committed to programming and operations that embrace the Sanctuary Model of trauma-informed treatment. Sanctuary affords comprehensive programming methods that support a cohesive community for staff and client or students to engage in treatment and growth, and encourages healing from the psychological and social trauma that clients and students have experienced.

For Company Use Only			
Interviewers	Date	Hired	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remarks			
Job Title	Rate	Department	Start Date

Employment Verification

To Whom It May Concern:

_____ has applied for employment as a(n) _____ with MHY Family Services.

The applicant has listed you/your company as a former place of employment. In accordance with the release signed by the applicant below, please provide the information requested and return via email to

ahohman@mhyfamilyservices.org, or fax to 724-625-2226.

Sincerely,

Ashley Hohman

HR Specialist

Applicant's Authorization

I hereby authorize the above individual, company, or institution to furnish MHY Family Services with any information it may have concerning me which is on record or otherwise, and do hereby release the above individual, company, or institution and all individuals connected with it from any and all liability whatsoever that might otherwise be incurred in furnishing such information.

Signature of Applicant: _____

Record of Employment

Name of Applicant: _____

Name of Former Employer: _____

Dates of Employment: _____

Position(s) Held: _____

Reason Employment Ended: _____

Please rate the Applicant in each of the following areas:

Job Skill	Excellent	Good	Average	Below Average	Poor
Initiative	Excellent	Good	Average	Below Average	Poor
Attendance	Excellent	Good	Average	Below Average	Poor
Reliability	Excellent	Good	Average	Below Average	Poor
Professionalism	Excellent	Good	Average	Below Average	Poor

Would you rehire this individual? ___ Yes ___ No

Signature

Title

Date

12/2016