



# Mental Health Comprehensive Services, LLC.

An Equal Opportunity Employer

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration.

Name \_\_\_\_\_  
Last First Middle Maiden/Other

Address \_\_\_\_\_  
Street City State Zip

E-mail Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Are you eligible to work in the U.S? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you at least 18 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If no, you may be required to provide authorization to work.)

During the last ten years, have you ever been convicted of a crime other than minor traffic offense? Yes \_\_\_\_\_ No \_\_\_\_\_

A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.  
If yes, please provide details (dates and location for all convictions):

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been terminated from employment or asked to resign by an employer? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide company names and details:

\_\_\_\_\_  
\_\_\_\_\_

Is your availability Flexible? Yes \_\_\_\_\_ No \_\_\_\_\_ Can you work evenings and/or weekends? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Do you have access to reliable transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

### EMPLOYMENT DESIRED

Date you can start \_\_\_\_\_ Hourly Rate/Salary desired \_\_\_\_\_

Position desired \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If so may we inquire of your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

### REFERRAL SOURCE

How did you hear about us? Walk In \_\_\_\_\_ Advertisement \_\_\_\_\_ Referral \_\_\_\_\_ Internet \_\_\_\_\_ Other \_\_\_\_\_

Have you ever worked for this company before? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes explain \_\_\_\_\_

Do you know anyone who works for our company? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who? \_\_\_\_\_

EDUCATION	Name and location of school	No. of yrs. Attended	Degree Received	Subjects studied/Major
High School				
College or University				
Trade, Business or Correspondence School				



**Professional Liability Insurance Coverage Qualification Questions**

Only answer the questions listed below if you are a licensed professional applying for a position which will require you to interact, treat or provide therapist, medical, psychiatric services as governed by the state of GA to MHCS customer, clients and/or patients.	Yes	No
Do you presently have Professional Liability Insurance Coverage?		
Have any claim or suit ever been brought against you for alleged malpractice or professional liability or are you aware of any incident or existing circumstance that might reasonably lead to a claim or suite?		
Have you ever had your license, certification or registration suspended, revoked or placed on probation by a licensing board of examiners, or any other governmental entity that regulates your profession?		
Have you ever surrendered, either voluntarily or otherwise, your license certification or registration?		
Have you ever been accused of sexual misconduct or any professional impropriety?		
Have any complaints ever been filed against you with a peer review committee or an ethics committee or a professional association, hospital, health care facility, or any other governmental or private entity?		
Do you know of any reason why you or any of your employees cannot comply with the legal, ethical, or professional standards set by law, by regulation, by a peer review committee or by an application code of ethics in any jurisdiction where you provide services?		

**Please read carefully before signing.**

MHCS is an equal opportunity employer. MHCS does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

By signing below I also understand Mental Health Comprehensive Services conducts testing for detection of drugs and alcohol. I understand that positive test results, refusal to be tested, or any attempt to affect the test results or test sample will result in withdrawal of my application for employment, withdrawal of any provisional employment offer I have received from Mental Health Comprehensive Services or termination of employment, depending on when results are received.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for MHCS to hire me. If I am hired, I understand that either MHCS or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of MHCS has the authority to make any assurance to the contrary. I attest with my signature below that I have given to MHCS true and complete information on this application. No requested information has been concealed. I authorize MHCS to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date \_\_\_\_\_

Signature \_\_\_\_\_

**THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.**

## Acknowledgement and Consent

By signing the release below, I hereby acknowledge Mental Health Comprehensive Service, LLC requires background information regarding my criminal, motor vehicle, employment and education. I therefore I will provide any requested documentation as well as authorize Mental Health Comprehensive Services, LLC to contact any former employers, educational institutions, law enforcement agencies, city, state, county, and federal courts, to retrieve information about my background.

I understand driving a company vehicle (or my own vehicle, as required) is a requirement of the position I am being considered for and having and maintaining a satisfactory driving record is a condition of my employment. I agree to provide a copy and/or allow Mental Health Comprehensive Services, LLC to check my driving record prior to hire and to check it periodically thereafter. I further agree to report any license suspensions, serious accidents or offenses, or any other condition to my supervisor immediately that may affect my ability to drive a Mental Health Comprehensive Services, LLC vehicle (or my own vehicle, if I am required to drive) after I am hired. I agree to obtain a driver's license prior to hire if I do not already have one as well as provide proof of adequate automobile insurance coverage.

I release from all liability all persons, companies, schools supplying such information. I indemnify Mental Health Comprehensive Services, LLC against any liability, which may result from making such requests. This release shall remain in effect for the length of my employment. I understand and I may have a right to request additional disclosures regarding the nature and scope of the investigation. I also understand that I will be given a copy of the consumer report and a written description of my rights under the Fair Credit Reporting Act.

Name \_\_\_\_\_  
Last First Middle Maiden/Other

Address \_\_\_\_\_  
Street City State Zip

E-mail Address \_\_\_\_\_

Phone # \_\_\_\_\_ Driver's License \_\_\_\_\_  
Number State

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

NPI # (if applicable) \_\_\_\_\_ Taxonomy Code (if applicable) \_\_\_\_\_

Professional License(s) or Certification(s):

Year Acquired State(s) Profession Number Expiration Date

Year Acquired State(s) Profession Number Expiration Date

Year Acquired State(s) Profession Number Expiration Date

**I understand that the company will use this information for employment purposes only and not furnish this information to a third party without my written consent. I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.**

Signature \_\_\_\_\_

Date \_\_\_\_\_