



SOMERSET MENTAL HEALTH PSC

149 Enterprise Drive
Somerset, KY 42501
(606) 679-6995 Fax (606) 451-9465

Fill out application form completely. If questions are not applicable, enter "NA". Do not leave questions blank. Be sure to sign when completed. Somerset Mental Health PSC is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, or veteran status. You may make copies of this application if applying for more than one position, but each copy must have an original signature. Resumes will be accepted along with the application, and will be attached to become a part of the application. This application becomes public record and is subject to disclosure.

PERSONAL

Last Name		First		Middle		Date
Street Address			E-mail Address			Home Phone
City			State	Zip		If no answer call #:
List any other name(s) used if different from name given on this application:						Social Security No.
Position Desired				Position Number		Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you resided outside the State of Kentucky within the past 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____						
Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____ State _____						
Do you currently have any relatives employed by the Somerset Mental Health? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please list their names: _____						
Who referred you to the Somerset Mental Health? _____						

SPECIAL SKILLS/QUALIFICATIONS: List all special skills that you possess and machines or office equipment that you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware, etc...

SIGN LANGUAGE: Yes No No If yes, are you certified? Yes No If yes, what level? _____
 Do you speak a language other than English? Yes No If yes, what language(s)? _____
 Level of fluency: Fair Good Excellent

EDUCATION (Applicants will be required to provide proof of diploma, degree, transcripts, licenses, certifications & registrations)

Highest Grade Completed:

Did you graduate/achieve GED? Yes No

School	Name & Location of School	Major/Minor	# years completed	Did you graduate?	Type of Degree or Diploma	Year Received
Undergraduate Colleges or Universities				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate Schools				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Technical, Vocational or Business Schools				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No		

LICENSE/CERTIFICATION

Type of License	Licensing Agency	State Issued In	License Number	Expiration Date

Are you willing to work hours other than 8-5? Yes No

Are you willing to work days other than Monday-Friday? Yes No

Geographic preference: (Be specific to city/area. If no preference, indicate "Region wide")

Have you or any of your family ever received treatment at Somerset Mental Health? Yes No

Prior to an offer of employment, applicants will be screened for previous record of abuse/neglect and misconduct.

1. EMPLOYMENT HISTORY (Please give accurate, complete full-time & part-time employment record. Start with present/most recent employer)

Company Name:				Telephone:	
Address		City	State	Zip	Dates of Employment (month/year):
				From:	To:
Name of Supervisor			Title		Beginning Salary: Ending Salary:
					Choose One: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly
State your Job title: & describe your work:				Reason for leaving:	

2.

Company Name:				Telephone:	
Address		City	State	Zip	Dates of Employment (month/year):
				From:	To:
Name of Supervisor			Title		Beginning Salary: Ending Salary:
					Choose One: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly
State your Job title: & describe your work:				Reason for leaving:	

3.

Company Name:				Telephone:	
Address		City	State	Zip	Dates of Employment (month/year):
				From:	To:
Name of Supervisor			Title		Beginning Salary: Ending Salary:
					Choose One: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly
State your Job title: & describe your work:				Reason for leaving:	

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do not contact: Employer # _____ Reason: _____

PRE-EMPLOYMENT CRIMINAL HISTORY CLEARANCE AND SCREENING FOR CLIENT ABUSE/NEGLECT/MISCONDUCT

The existence of a criminal record does not automatically bar you from employment. Somerset Mental Health PSC does not discriminate in its employment on the basis of previous conviction. In some instances, however, we need to be aware if you were **convicted** of certain offenses when considering you for **certain** types of jobs. We ask that you complete these questions:

Have you ever been convicted of a crime other than minor traffic violations? Yes No If you answered "Yes", please provide details of dates, nature of offense, name and location of court and disposition of the case. A conviction may not disqualify you from employment, but a false statement will.

ACKNOWLEDGEMENT OF EMERGENCY APPOINTMENT

I, _____, a prospective applicant hereby certify and acknowledge that I have not been convicted of any of the offenses listed below, which are a bar to employment.

- Criminal homicide
- Kidnapping and unlawful restraint
- Indecency with a child or child pornography
- Sexual assault
- Aggravated assault
- Injury to a child, elderly or disabled individual
- Abandoning or endangering a child
- Aiding suicide
- Agreement to abduct from custody
- Sale or purchase of a child
- Arson
- Robbery or Aggravated robbery
- A conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the preceding items.
- A felony conviction for theft which occurred within the previous five years.

I hereby certify and acknowledge that I have been informed that this is an emergency appointment. I understand and acknowledge that:

1. My record for criminal convictions will be checked through the Kentucky Administrative Office of the Courts (AOC) and the Department for Community Based Services (DCBS).
2. If the AOC and/or DCBS report a conviction for any of the above offenses or substantiated abuse allegation, it will result in immediate termination, if employed.
3. No administrative review is available unless there is an error of fact or identity in the criminal history record, and the employee can rectify the accuracy of the information.

I further certify and acknowledge that I have been informed that if the AOC and/or DCBS indicate a conviction for any offense not listed above, but which may be a contradiction to my employment at this agency, I may be terminated immediately, if employed.

Signature of Applicant

Date

REFERENCES (Do not list former employers or relatives)

Name and Occupation	Address, City, State, Zip	Telephone
1.		
2.		
3.		

In consideration of my employment, I understand and agree:

1. Substance abuse testing may be required if there is a reasonable suspicion.
2. I will be required to provide legal proof of authorization to work in the U.S.
3. My record for criminal conviction will be checked through the Kentucky Administrative Office of the Courts and the Department for Community Based Services. I understand that it is my responsibility to report any current or future arrests, indictments, deferred adjudication, and convictions for any offenses to the President of SMH PSC. I further understand, that if I have resided outside the State of Kentucky preceding employment with Somerset Mental Health PSC, my record for criminal conviction will be checked through the Federal Bureau of Investigation and/or the appropriate state of prior residence.
4. The requirement related to the pre-employment screening applies for client abuse, neglect and exploitation as described.
5. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete. Any misstatement or omission of fact on this application, or failure to abide by the above stated actions, or policies and procedures of Somerset Mental Health PSC shall be considered cause for termination of employment.
6. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. I release all such parties from all liability from any damages that may result from furnishing such information to you.

This application for employment must be signed.

Signature of Applicant

Date

Somerset Mental Health PSC EEO DATA

Somerset Mental Health PSC is fully committed to the concept and the practice of equal opportunity. You are invited to submit this information on a voluntary basis and refusing to provide it will not subject you to any adverse treatment. This information does not become a part of the hiring process, nor will the information be considered by those involved in the hiring process.

Last Name	First	Middle	Date
Date of Birth	Position Applied for		Social Security No.
Sex <input type="checkbox"/> male <input type="checkbox"/> female	Where did you learn about this job? <input type="checkbox"/> Newspaper <input type="checkbox"/> Current Employee <input type="checkbox"/> Job Fair <input type="checkbox"/> Other Specify:		
Are you a veteran? <input type="checkbox"/> yes <input type="checkbox"/> no	Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native		
Are you handicapped? <input type="checkbox"/> yes <input type="checkbox"/> no	Marital Status <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> remarried <input type="checkbox"/> divorced/annulled <input type="checkbox"/> widow/widower		

White (not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black (not of Hispanic origin) – All persons having origins in any of the black racial groups of Africa.

Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

American Indian or Alaskan Native – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.