



MENTAL HEALTH CENTER OF DENVER
An Equal Opportunity Employer

4141 E. Dickenson Place
Denver, Co. 80222
Phone:(303) 504-6500
Fax: (303) 758-5793
resumes@mhcd.org

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, veteran status, marriage, or sexual orientation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS

Each question should be fully and accurately answered. **No action can be taken on this application until all questions have been answered.** Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for the signature on the back of the application.

Job(s) Applied For: _____ Ref #: _____ Today's date: _____

Are you seeking: Full-time Part-time Temporary employment?

Last Name First Name Middle Name Telephone Number

Present Street Address City State Zip code

E-mail address: _____ **(required)**

Is any additional information relative to change of name, use of surname, or nickname necessary to enable us to check your work record?..... Yes No

If yes, please explain _____

Are you 18 years of age or older (*required for certain jobs*)?Yes No

Have you ever been convicted or entered a guilty plea of any violation of the law. (except a minor traffic violation)?.....Yes No

A "Yes" answer does not automatically disqualify you from employment, as the nature of the offense, date, and the job for which you are applying is also considered.

If "Yes," please provide a summary below, then provide details on a separate sheet of paper/attachment:

Have you ever been employed at MHCD?..... Yes No If yes, when? _____

Can you provide proof of eligibility to work in the United States?Yes No

EDUCATION

(You may be requested to furnish official transcripts)

List name & address of schools	Course or Major	Number of Years Completed or Diploma/Degree/Certificate	Month/Date/Year
High School (or date GED Completed): _____			/ /
College or University: _____			/ /
College or University: _____			/ /

Licenses/Certification

Professional Licenses: _____ License No.: _____

Date Awarded: _____ Expiration Date: _____

FOR POSITIONS THAT REQUIRE DRIVING ONLY:

Do you have a valid Colorado driver's license? Yes No

Drivers License Number _____ Class of License _____ State _____

Have you had your driver's license suspended or revoked in the last 3 years?..... Yes No

If yes, give details _____

SPECIAL SKILLS

List any business machines or equipment with which you have experience operating. _____

Do you have any other skills that you wish to mention? (E.g. typing speed, foreign language(s) or other special skills or training.)

UNEMPLOYMENT RECORD

(Account for all periods of unemployment of 2 or more weeks duration.)

From To

Month	Year	Month	Year	State what you were doing.

Please attach additional pages if necessary.

MHCD is the national center of excellence for recovery-focused mental health care.

MHCD is proud to provide a smoke free environment for all employees.

Work History

(All applicants must complete this section thoroughly. Do not put “see resume”)

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service. If self-employed, give firm names and supply business references. Please attach additional pages if necessary.

Name of Most Recent Employer Address City, State, Zip Code Telephone	Name of Last Supervisor Employed Pay ____/____/____ From (m/d/y) Start \$ ____/____/____ To (m/d/y) Final \$
Title	FT____ PT____ # hours/week____
Duties	Reason for Leaving
Name of Most Recent Employer Address City, State, Zip Code Telephone	Name of Last Supervisor Employed Pay ____/____/____ From (m/d/y) Start \$ ____/____/____ To (m/d/y) Final \$
Title	FT____ PT____ # hours/week____
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Duties	Reason for Leaving
Name of Most Recent Employer Address City, State, Zip Code Telephone	Name of Last Supervisor Employed Pay ____/____/____ From (m/d/y) Start \$ ____/____/____ To (m/d/y) Final \$
Title	FT____ PT____ # hours/week____
Duties	Reason for Leaving

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain _____

APPLICANT’S CERTIFICATION AND ACKNOWLEDGEMENT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING.

I certify that all of the information I have provided in this application is true and complete, without omissions of any kind. I understand and agree that if at any time, it is discovered that any information provided by me in this application is false, misleading or incomplete, this application will be void, and Mental Health Center of Denver (“MHCD”), may, in its sole discretion and without liability to me immediately terminate my employment.

I authorize all employers, educational institutions and persons named in this application to give any information regarding my previous employment, my character, and my qualifications to MHCD or its authorized representatives. I hereby release these employers, educational institutions and persons from all liability to me for providing this information.

I understand and agree that this application is not a contract nor an offer by MHCD to form a contract. I further understand that if hired by MHCD, my employment will be for an indefinite period of time. Therefore, I acknowledge and agree if hired, my employment with MHCD will be “at will,” meaning that either I or MHCD may terminate the employment relationship at any time for any reason or no reason, with or without cause, with or without notice, and with MHCD’s only obligation to me being to pay salary or wages owed for work performed prior to termination.

Except as stated in the following paragraph, I understand and agree that no manager or employee of MHCD has authority to enter into any agreement for employment for an definite period of time or to make any agreement with me that would alter the employment “at will” relationship. Therefore, I agree that it would be unreasonable for me to believe that any statements from MHCD, whether oral or written (including any policies or procedures that I may be provided), create a contract between MHCD and me or alter the employment at-will relationship.

I understand and agree that if hired, my status as an at-will employee could be changed only if (1) enter into a written agreement with MHCD entitled “(Contract of Employment for (my name))” and signed by MHCD’s Chief Executive Officer, Human Resources Director and me; or (2) I become a member of the Collective Bargaining Unit under the Collective Bargaining Agreement between MHCD and Service Employees International Union, Local 105 AFL-CIO, and the employment at-will relationship is altered by that Collective Bargaining Agreement.

7.701.8 PERJURY STATEMENT—APPLICATION FORMS FOR EMPLOYMENT WITH A CHLD CARE PROVIDER [EFF. 9/3/99]

Any applicant who knowingly or willfully makes a false statement of any material fact of thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and upon conviction thereof, shall be punished accordingly.

I have read, understand, and by my signature consent to these statements.

Signature _____ **Date** _____

REFERENCES

Are you presently employed? Yes No

If yes, whom do you suggest we contact? _____

Give 3 professional work references, none of whom are related to you.

Name	Address	Phone	Occupation

Applicant Authorization to Conduct Background Check and Consent for Release of Information

We truly welcome your application with Mental Health Center of Denver (MHCD). As part of the application process, **HireRight**, Inc. will be verifying the information you provided to MHCD during the pre-employment process and researching background information at our request. Our objective is to complete this process quickly. Please make every effort to accurately provide all of the information requested on the application. **It is especially important to provide HireRight an e-mail address, as the background check form is completed on-line. A HireRight associate may contact you for additional information during the verification process. Please return the associate's call or e-mail promptly to help ensure that your application is processed as quickly as possible.**

Please be advised that MHCD and/or our agent, may obtain consumer reports and/or investigative consumer reports about you for employment purposes, including without limitation, for the purposes of evaluating you for employment, promotion, reassignment and retention as an employee, at any time prior to or during your employment and without giving you any additional notice. Consumer reports and/or investigative consumer reports (reference checks) may include, without limitation, information about your character, general reputation, personal characteristics and mode of living, whichever are applicable, as well as salary history, reason for termination, eligibility for rehire and any disciplinary actions taken against you. An investigative consumer report may involve personal interviews with sources, including without limitation, employers, supervisors, coworkers, clients, friends, associates, and neighbors.

The Fair Credit Reporting Act (FCRA) provides you with the right to request from us, in writing within a reasonable amount of time, a disclosure of the nature and the scope of any investigative consumer report (reference check). The disclosure shall be made in writing and mailed, or otherwise delivered, to you no later than 5 days after the date on which your request is received or 5 days after the date on which the report was first requested, whichever is later. You may also request a "Summary of your Consumer Rights under the FCRA" as prepared by the Federal Trade Commission. These can be obtained at no charge.

I, the undersigned, certify that all the information provided as part of my application for employment is true and complete to the best of my knowledge. I acknowledge that any false or misleading information in my application materials or interview may result in denial of employment or termination, if hired and that any personal information requested, including my date of birth, is requested solely for identification purposes.

I hereby authorize Mental Health Center of Denver ("Company") and/or its agent **HireRight**, to prepare consumer reports and/or investigative consumer reports (reference checks) about me for employment purposes, including without limitation, for the purpose of evaluating me for employment, promotion, reassignment and retention as an employee, at any time prior to or during my employment and without giving me any additional notice.

I FURTHER AUTHORIZE ALL PERSONS, EMPLOYERS, SUPERVISORS, COWORKERS, SCHOOLS, COMPAINES, CENTERS, ORGANIZATIONS, CREDIT BUREAUS, COURTS AND ANY GOVERNMENTAL, LAW ENFORCEMENT, LICENSING AND RECORD-KEEPING AGENCIES, AND ANY OTHER SOURCE OF INFORMATION TO PROVIDE ALL INFORMATION REQUESTED WITH RESPECT TO MY BACKGROUND, INCLUDING ANY CRIMINAL RECORDS, TO COMPANY AND/OR ITS AGENT.

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MHCD is proud to provide a smoke free environment for all employees.

I hereby voluntarily and knowingly release and discharge MHCD and any source of information from any and all claims, damages, losses, liabilities, costs, and expenses arising from or relating to the retrieving, preparing and reporting of any information, including without limitation any inaccurate or incomplete information, to the fullest extent permitted by law.

I certify that I have read and understand this entire document, including the above and I agree that a copy of this document is as valid as the original. My signature further releases all of the above-including the Company and its agent to the fullest extent permitted by law from claims, damages, losses, liabilities, and expenses arising from the retrieving and the reporting of any such information. A copy of this document is as valid as the original.

Applicant's Printed Name

Applicant's Signature

Date

Referral Work Sheet

First Name	Middle	Last	Date
Position Applying For:			

Tell Us How You Learned About MHCD?

- Referred by: _____
- MHCD's Website
- Internet Listing
Name of site: _____
- Career Fair
Date/Name of Fair: _____
- Career Center
Name of School: _____
- Newspaper/Magazine Ad
Name of Paper/Magazine: _____
- Other: _____

Written Assessment for: Clinical Positions

(See next page if you are applying for Non-clinical or Administrative positions)

If you are applying for **clinical positions** such as: Case Manager, Therapist, Nurse, etc., please write a progress note (SOAP or DAP) in the space below, based on the following vignette:

You meet with Joe, an 18 year-old Mexican-American male who you have been working with for a few weeks. He looks sad, has bloodshot eyes, and is dressed warmly against the cold weather outside. As he slumps in a chair, he tells you that he wants to finish high school; but, is having so many arguments with his parents lately, that he can't concentrate enough to do homework. As he talks, you find out that he has been ditching school more frequently, "just to be alone." He is not sleeping well, and he smokes marijuana almost daily. You tell Joe about the tutors at the local recreation center who can help him with homework, and let him know you want to talk with him more about his marijuana use. He agrees to go to the next tutoring session tomorrow and meet with you again next week.

Written Assessment for: Administrative Positions
(Do not complete this page if you are applying for Clinical positions)

If you are applying for **non-clinical positions**: Receptionist, Medical Records, Administrative Assistant, or other Administrative positions, please write a memo in the space below, complete with all the components of a proper memo. The memo should be to your supervisor Joe, requesting approval for the purchase office supplies for your team. In the memo explain that a requisition is attached to your memo.