



Open Arms Community Mental Health Center Inc.

"Striving to Ensure Quality Care"

New Employee Information

APPLICANT INFORMATION

Last Name		First	M.I.	Date	
Street Address			Apartment/Unit #		
City		State	ZIP		
Phone		E-mail Address			
Date Available	Social Security No.		Desired Salary		
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Certifications?					

REFERENCES

Please list three professional references.

Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		



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SECURITY

- Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? Yes No
- Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense? Yes No
- Have you ever received pretrial diversion or similar disposition for any federal, state or municipal offense? Yes No
- Have you ever received probation or community supervision for any federal, state or municipal offense? Yes No
- Have you been convicted of any criminal offense in a country outside the jurisdiction of the United States? Yes No
- As of the date of this consent form, do you have any pending charges against you? Yes No

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

