



1211 Chestnut Street, 11<sup>th</sup> Floor, Philadelphia, PA 19107

## APPLICATION FOR EMPLOYMENT

Mental Health Association of Southeastern Pennsylvania is an equal opportunity employer. It adheres to all Federal, State and Local regulations that prohibit discrimination because of race, color, sex, age, religion, national origin, sexual orientation, creed, ancestry, non-job related disability or veteran status. **Applications not completed in their entirety will not be considered for employment.**

<b>PERSONAL</b>	Last Name			First	Middle	Date
	Street Address					Home Telephone ( )
	City, State, Zip					Business Telephone ( )
	Have you ever applied for employment or been employed by MHASP? Yes      No      If yes: Month and Year _____ Location _____					
	How were you referred?      Newspaper      Current Employee Agency      On my own      Other				Indicate the position for which you are applying:	
	If other, please state how you were referred: _____					
	Are you available for work on weekends? Yes      No			When will be you be available to begin work? _____		Pay Desired
	Type of work desired:		FT	PT	Temp	Intern
	Are you legally eligible for employment in the U.S.? ? Yes      ? No			Are you available to travel? ? Yes      ? No		
	Other special training or skills (languages, computer skills, counseling, etc)					

<b>EDUCATION</b>	<u>School</u>	<u>Name and Location of School</u>	<u>Course of Study</u>	<u>No. of Years Completed</u>	<u>Did you Graduate?</u>	<u>Degree or Diploma</u>
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

# EMPLOYMENT

Please give accurate, complete employment record. Start with your present or most recent employer.

<b>Company Name</b>	Telephone ( )
Address	Employed-(State month and year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

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Address	Employed- (State month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

## Membership in Professional or Civic Organizations

(Exclude those which may disclose your race, color, religion or national origin)


## REFERENCES

Please provide two professional and one personal reference.

Reference #1: Name of Employer: \_\_\_\_\_  
Name of Contact: \_\_\_\_\_  
Occupation/Title: \_\_\_\_\_  
Mailing Address and Phone Number: \_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Last Salary: \_\_\_\_\_

Reference #2: Name of Employer: \_\_\_\_\_  
Name of Contact: \_\_\_\_\_  
Occupation/Title: \_\_\_\_\_  
Mailing Address and Phone Number: \_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Last Salary: \_\_\_\_\_

Reference #3: Name of Individual: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Mailing Address and Phone Number: \_\_\_\_\_  
\_\_\_\_\_

