

APPLICATION FOR EMPLOYMENT

MENTAL HEALTH CARE, INC.

5707 North 22nd Street

Tampa, Florida 33610

***MUST BE COMPLETED IN FULL. RESUME WILL NOT SUFFICE.**

	Last Name	First Name	Middle
*Name:	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
	Maiden Name: <input style="width:95%;" type="text"/>		
*Address	<input style="width:95%;" type="text"/>	Home Phone:	<input style="width:95%;" type="text"/>
	(Street)	Work Phone:	<input style="width:95%;" type="text"/>
	<input style="width:95%;" type="text"/>	Social Security Number:	<input style="width:95%;" type="text"/>
	(City, State, and Zip Code)		

Position(s) Applying For:

Available and Willing to Work: Days Evening Nights Weekends

Seeking: PRN Part-time Full-time Expected Salary:

Education					
	Name	Address (City, State)	Major or Course Studied	Degree Yes or No	Specify Degree Provide Date
High School	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Business School	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tech. School	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
College	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
College	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Graduate	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

QUALIFICATIONS

List occupational and professional licensure including licence number:

List any special skills that are related to the position(s) for which you are applying:

List any languages you spoken fluently:

Some positions involve driving company or personal vehicles. Do you have a current drivers licence?

Estimated Typing Skill (words per minute):

MENTAL HEALTH CARE, INC. is an EQUAL OPPORTUNITY EMPLOYER that considers it is personnel actions based on merit and qualifications with out regard to age, race, color, gender, national origin, disability, veteran status, marital status, or any other job factor.

EXPERIENCE

List all previous work experience starting with the most recent. Include employment history, military service, internships, practicums, and volunteer service. Attach resume, if available

1	Name of Company	<input type="text"/>	Phone Number:	<input type="text"/>
Address		<input type="text"/>		
Your Position Title:		<input type="text"/>	Your Supervisor:	<input type="text"/>
Employment Dates: From:		<input type="text"/>	To:	<input type="text"/>
Supervisor's Title:		<input type="text"/>		
Status:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part time	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Intern
Hours per week:	<input type="text"/>	Last Salary:	<input type="text"/>	
Describe your duties and responsibilities in detail:				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
Reason for Leaving:				
<input type="text"/>				
May we contact your employer for a reference?				
<input type="checkbox"/>				

2	Name of Company	<input type="text"/>	Phone Number:	<input type="text"/>
Address		<input type="text"/>		
Your Position Title:		<input type="text"/>	Your Supervisor:	<input type="text"/>
Employment Dates: From:		<input type="text"/>	To:	<input type="text"/>
Supervisor's Title:		<input type="text"/>		
Status:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part time	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Intern
Hours per week:	<input type="text"/>	Last Salary:	<input type="text"/>	
Describe your duties and responsibilities in detail:				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
Reason for Leaving:				
<input type="text"/>				
May we contact your employer for a reference?				
<input type="checkbox"/>				

3	Name of Company	<input type="text"/>	Phone Number:	<input type="text"/>
Address		<input type="text"/>		
Your Position Title:		<input type="text"/>	Your Supervisor:	<input type="text"/>
Employment Dates: From:		<input type="text"/>	To:	<input type="text"/>
Supervisor's Title:		<input type="text"/>		
Status:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part time	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Intern
Hours per week:	<input type="text"/>	Last Salary:	<input type="text"/>	
Describe your duties and responsibilities in detail:				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
Reason for Leaving:				
<input type="text"/>				
May we contact your employer for a reference?				
<input type="checkbox"/>				

4	Name of Company	<input type="text"/>	Phone Number:	<input type="text"/>
Address		<input type="text"/>		
Your Position Title:		<input type="text"/>	Your Supervisor:	<input type="text"/>
Employment Dates: From		<input type="text"/>	To:	<input type="text"/>
		Supervisor's Title:		<input type="text"/>
Status:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part time	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Intern
Hours per week:	<input type="text"/>	Last Salary:	<input type="text"/>	
Describe your duties and responsibilities in detail:				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
Reason for Leaving:				
<input type="text"/>				
May we contact your employer for a reference?				
<input type="checkbox"/>				

5	Name of Company	<input type="text"/>	Phone Number:	<input type="text"/>
Address		<input type="text"/>		
Your Position Title:		<input type="text"/>	Your Supervisor:	<input type="text"/>
Employment Dates: From		<input type="text"/>	To:	<input type="text"/>
		Supervisor's Title:		<input type="text"/>
Status:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part time	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Intern
Hours per week:	<input type="text"/>	Last Salary:	<input type="text"/>	
Describe your duties and responsibilities in detail:				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
Reason for Leaving:				
<input type="text"/>				
May we contact your employer for a reference?				
<input type="checkbox"/>				

List three Professional References you have known for at least two years:				
1	Name	<input type="text"/>	Phone Number:	<input type="text"/>
Address		<input type="text"/>		
Occupation:	<input type="text"/>	Work Phone	<input type="text"/>	Yrs. Known
	<input type="text"/>		<input type="text"/>	<input type="text"/>
2	Name	<input type="text"/>	Phone Number:	<input type="text"/>
Address		<input type="text"/>		
Occupation:	<input type="text"/>	Work Phone	<input type="text"/>	Yrs. Known
	<input type="text"/>		<input type="text"/>	<input type="text"/>
3	Name	<input type="text"/>	Phone Number:	<input type="text"/>
Address		<input type="text"/>		
Occupation:	<input type="text"/>	Work Phone	<input type="text"/>	Yrs. Known
	<input type="text"/>		<input type="text"/>	<input type="text"/>

Failure To Answer All Question Will Result In Rejection of Application

Have you ever been convicted of a felony or misdemeanor?		<input type="checkbox"/>		If yes, Complete the following for each convictions.	
Date:	<input type="text"/>	Charge:	<input type="text"/>	Place/ Court:	<input type="text"/>
Date:	<input type="text"/>	Charge:	<input type="text"/>	Place/ Court:	<input type="text"/>
Date:	<input type="text"/>	Charge:	<input type="text"/>	Place/ Court:	<input type="text"/>

"Conviction will not necessarily bar employment. Factors such as age, date of the offense, seriousness and nature of the violation, and rehabilitation will be taken into consideration"

List the name of any relative(s) currently employed by Mental Health Care, Inc.:	<input type="text"/>
<input type="text"/>	
<input type="text"/>	

Have you ever been previously employed by Mental Health Care, Inc. or under its former name, Hillsborough Community Mental Health Center?	<input type="checkbox"/>
If yes, indicate when and the job title: Date:	<input type="text"/>
Job Title:	<input type="text"/>

How were you referred to Mental Health Care, Inc. for employment?	
Name of Person:	<input type="text"/>
Newspaper AD in the:	<input type="text"/>
Other:	<input type="text"/>

CERTIFICATION OF APPLICANT

I am applying for employment with Mental Health Care, Inc., and voluntarily authorize the company to make a thorough investigation into my past employment and activities, agree to cooperate in any investigation, and release Mental Health Care, Inc. and all persons, agencies, and companies that provide information pursuant to the investigation from any liability relative to the investigation.

I understand that:

If offered a job, the offer and employment will be contingent on my passing a urinalysis examination.

Mental Health Care, Inc. has a NO SMOKING policy that applies to all its facilities and vehicles, and, if employed, I agree to comply with this policy.

Mental Health Care, Inc. is a DRUG FREE WORKPLACE, and that I am, at any time, be required by the company to undergo drug screening pursuant to its Alcohol and Drug policy, and if employed, I agree to comply with this policy.

Mental Health Care, Inc. is a Termination-At-Will employer and no employment is guarantee.

I agree that this application is property of Mental Health Care, Inc., which may use its contents in whatever manner it may wish, and that any false statement or omission on the application will disqualify me for consideration for employment, or, if employed, constitute grounds for immediate dismissal.

SIGNATURE

DATE:

Please complete the brief Computer Skills Assessment Quiz below.

Basic Computer Quiz

1. What does a computer allow you to do?

- A. Type documents and send email B. Surf the Internet C. Store and retrieve data D. All of the above

2. _____ is any set of instructions that tells a computer what to do.

- A. Hardware B. Software C. Both A & B D. None of the above

3. The keyboard, mouse, and tower case are examples of:

- A. Laptop Parts B. Hardware C. Software D. Computer commands

4. What is a folder?

- A. A space on the desktop
 B. A data and graphic transmission tool
 C. A location where you can store files and other folders
 D. A large box kept beside your computer

5. Once you create a new file or folder, it cannot be renamed

- A. True B. False

6. To retrieve a single file from the Recycle Bin, click open the Recycle Bin, select the file to retrieve and :

- A. Click the Restore all items link in the Recycle Bin Tasks list
 B. Click the Restore this item link in the Recycle Bin Tasks list
 C. Both A and B
 D. None of the above

7. Use the Save As feature when you need to do the following to a document:

- A. Save an editable version of your original document B. Rename your document
 C. Create a duplicate of your document D. All of the above

8. When you delete a shortcut, the original item still exists on your computer in its original location.

- A. True B. False

9. A scanner lets you:

- A. Make PowerPoint presentations B. Copy an image onto your computer
 C. Change the color of your computer screen D. None of the above

10. In a desktop computer, the Central Processing Unit, or processor, is the:

- A. Brain of the computer B. Computer's power supply C. Memory area D. None of the above

Email Basics Quiz

1. When composing and sending an email, BCC (Blind Carbon Copy) means:

- A. Send a copy to someone else without the main recipient knowing you have done so
 B. Send a copy of a message to someone besides the main recipient
 C. Send a message to the main recipient only
 D. None of the above

2. The top-level domain ".com" represents _____

- A. A non-profit or not-for-profit institution B. US educational institution
 C. A company or business D. US Governmental agency

3. When typing multiple email addresses in the To, CC or BCC fields, separate email addresses with _____ or _____

- A. question mark (?) or quotes (") B. dash (-) or underscore (_)
 C. space or colon (:) D. comma (,) or semi-colon(;

4. Instead of forwarding a message, you can copy and paste the message into a new email message window.

- A. True B. False

5. When using a web mail account, all of the following statements are true EXCEPT:

- A. Access your web mail account with any computer that is connected to the internet.
 B. you must change you web mail account if you change ISPs.
 C. Expect advertising and junk mail.
 D. Most web mail accounts are free.

6. When sending attachments, it's important to _____.

- A. include a note that describes the attached file. B. Make sure the file name describes the attachment.
 C. Be aware of the programs the recipient uses. D. All of the above

7. Outlook allows you to forward messages to multiple recipients.

- A. True B. False

8. Use HTML (Rich Text) to :

- A. Format text (font and style) B. Align text
 C. insert bullets and numbering D. All of the above

9. When forwarding a message, Outlook will automatically add the original senders email address in the "to:" field.

- A. True B. False

10. It is good practice to keep work and personal email separate.

- A. True B. False

Basic Computers Score: %

Basic Email Score: %