
For Human Resource Use OnlyDate Received:

MENTAL HEALTH CENTER OF DANE COUNTY, INC.

Attn: Human Resources

625 W. Washington Ave. * Madison, WI 53703

(608)280-2430 * Fax (608)280-2575 * TDD (608)280-2576

Employment Application

The Mental Health Center of Dane County, Inc. is an Equal Opportunity Employer. As such, it is our policy to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, gender, sexual orientation, veteran status or disability or any other basis prohibited by federal or state law. The Center intends to fully comply with all federal and state laws, and the information on this application will not be used for any purpose prohibited by law. If you are a person with a disability, you may request needed accommodation at any time during the recruitment or employment process.

IMPORTANT INSTRUCTIONS: The information on this form will be used to determine whether you meet the qualifications to be interviewed for a position. It is extremely important that you answer all questions accurately and completely and that your answers are provided on this form. **A resume cannot be substituted for this application.** Applicants reaching final employment consideration will be required to verify certain relevant information stated in their application (e.g., college transcripts, certifications, etc.).

[SAVE THIS DOCUMENT to your hard drive or a disk before completing and continue to save as you complete it.](#)

This employment application must be received or postmarked by the deadline stated.

TYPE OR PRINT IN INK

TITLE OF POSITION

PERSONNEL CODE NO.

First Name

Middle Name

Last Name

Present Address (Number & Street)

Apt.

City

State

Zip Code

Mailing Address (If different than above)

Home Telephone Number:

Business Telephone Number:

Cell Phone #

Email address:

If the job requires use of a motor vehicle, do you have a valid Driver's License? Access to a vehicle?

Yes No

License #:

State:

If the job requires unusual hours (including weekends and nights) would you be willing to accept it?

Yes No

When would you be available for employment?

Are you currently a Mental Health Center employee?

Yes No

If yes, what is the position title?

EDUCATION & TRAINING

NAME & LOCATION	DATES ATTENDED		MAJOR FIELD	DEGREE CONFERRED
	From	To		

If currently licensed or registered to practice in Wisconsin as a member of some profession or trade, indicate type of license or registration.

List memberships in professional or technical associations.

Other training not covered above but which may be relevant to the position for which you are applying (i.e., internships, volunteer experience, etc.) Give approximate beginning and end dates.

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Did you remember to sign your application?

EMPLOYMENT HISTORY

START AT THE TOP WITH YOUR PRESENT OR MOST RECENT JOB. Indicate any change in job title under the same employer as a separate position. *Indicating "see resume" in blanks does not constitute a complete application.*

Employer	Location (City & State)		
Your Title	May we contact this employer for a reference?	Name, & Phone Number of Supervisor	
Your Duties:	From:	To:	Total Duration:
	____ Month ____ Year	____ Month ____ Year	____ Years ____ Months
	Type: Hours/Week		Duration
	<input type="checkbox"/> FULL-TIME:		____ Years ____ Months
		____	____
<input type="checkbox"/> PART-TIME:		____ Years ____ Months	
		____	____
Reason for Leaving:			

Employer	Location (City & State)		
Your Title	May we contact this employer for a reference?	Name, & Phone Number of Supervisor	
Your Duties:	From:	To:	Total Duration:
	____ Month ____ Year	____ Month ____ Year	____ Years ____ Months
	Type: Hours/Week		Duration
	<input type="checkbox"/> FULL-TIME:		____ Years ____ Months
		____	____
<input type="checkbox"/> PART-TIME:		____ Years ____ Months	
		____	____
Reason for Leaving:			

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	____ Month ____ Year	____ Month ____ Year	____ Years ____ Months
	Type: Hours/Week		Duration
	<input type="checkbox"/> FULL-TIME:		____ Years ____ Months
		____	____
<input type="checkbox"/> PART-TIME:		____ Years ____ Months	
		____	____
Reason for Leaving:			

Employer	Location (City & State)		
Your Title	May we contact this employer for a reference?	Name, & Phone Number of Supervisor	
Your Duties:	From:	To:	Total Duration:
	____ Month ____ Year	____ Month ____ Year	____ Years ____ Months
	Type: Hours/Week		Duration
	<input type="checkbox"/> FULL-TIME:		____ Years ____ Months
		____	____
<input type="checkbox"/> PART-TIME:		____ Years ____ Months	
		____	____
Reason for Leaving:			

SKILLS/QUALIFICATIONS & OTHER EXPERIENCE:

List below any special skills or qualifications that you possess that you feel are relevant to the job for which you are applying (i.e., clinical expertise, proficiency in second language, writing, computer, office machines, typing speed, etc.)

Briefly describe personal or work experiences you have shared with people whose cultural heritage, attitudes, beliefs, values or backgrounds were different from your own. What insights and/or interpersonal skills have you gained as a result of those experiences?

REFERENCES

Please list three people (no relatives) you have worked with that we may contact for a reference. Include telephone numbers.

How did you hear about this position?

Publication (which one)?

Agency Posting (which one)

Internet (which website)? JobNet Madison.com Craigslist Other:

Other :

CERTIFICATION

Please read the following statements carefully before you sign your name.

I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers (unless specifically stated above), persons, schools, law enforcement agencies and any other sources of information that may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement or omissions by me in this application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to this facility.

FURTHER, I understand and agree that, as a condition of my employment with the Mental Health Center of Dane County, I will be required to submit information for a criminal history background check (WI Act 27), driver's license and driver's record check. My employment will be contingent upon the information received.

I have read, understand and agree to the above statements.

SIGNATURE

Rev. 7/29/08

APPLICANT STATISTICAL INFORMATION SURVEY

** VOLUNTARY **

Qualified applicants are considered for all positions, and employees are treated during employment without regard to race, color, creed, sex, national origin, age, marital or veteran status, medical condition, or handicap.

The Mental Health Center of Dane County is strongly committed to affirmative action and promoting work force diversity. As part of evaluating our recruitment efforts in this area and to ensure that our hiring process complies with Equal Opportunities laws, we request that you provide the following information.

To help us comply with various recordkeeping and reporting requirements, please complete this survey.

This data is for analysis and affirmative action only. It will be detached prior to review by the screening committee..

Please Print Clearly

SURVEY INFORMATION

Check one: Male Female

Check one of the following:

Race/Ethnic Group: African American Hispanic/Latino Native American/American Indian

 Caucasian Asian/Pacific Islander

 Multi Racial (please specify): _____

Disability (Physical or mental impairment that substantially limits a major life activity; has record of such impairment; or is regarded as having such an impairment).

Yes No