

Logan Mingo Area Mental Health, Inc.

*P.O. Box 176
Logan, WV 25601*

APPLICATION FOR EMPLOYMENT

It is the policy of Logan-Mingo Area Mental Health, Inc. to provide equal employment opportunities to all persons and not to discriminate in its hiring or employment practices on the basis of race, color, religion, sex, national origin, age, physical or mental disability, veteran or military service status, genetic information, or any other status protected by federal, state or local law.

NAME	DATE
STREET ADDRESS	HOME/CELL PHONE
CITY, STATE, ZIP CODE	BUSINESS PHONE
POSITION APPLYING FOR	SSN:
ARE YOU RELATED TO ANYONE HERE? IF YES, NAME OF RELATIVE	ARE YOU 18 YEARS OF AGE OR OLDER?
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?	PAY EXPECTED:
WHEN WOULD YOU BE AVAILABLE TO START WORK?	FULL OR PART TIME?
DO YOU HAVE A VALID DRIVER'S LICENSE AND USE OF AN AUTOMOBILE?	IF JOB REQUIRES, CAN YOU TRAVEL?

EDUCATION	Name & Location	Program Studied/Areas of Concentration	Number of Years Completed	Degree or Diploma
High School				
College/University				
Graduate School				
Other				

EMPLOYMENT: Please give accurate, complete full-time and part-time employment information for your last three employers. You may include volunteer positions if you wish. Start with present or most recent employer.

Company Name	Phone
Address	Employed (Month/Year) From To
Name of Supervisor	Weekly or Annual Pay Start Last
Job Title and Duties	Reason for Leaving May or May not contact.

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REFERENCES: List any other references whom we may contact (employment and school references preferred).

Name	Years Acquainted	How Acquainted	Address/ Phone No.

Agreement

I certify that the information given by me herein is true, accurate, and complete to the best of my knowledge.

I understand that, as part of Logan-Mingo Area Mental Health, Inc.'s (LMAMH, Inc.) employment procedure, a routine inquiry may be made that will provide applicable information concerning my employment history, performance, and character. I hereby authorize LMAMH, Inc. and/or its agents to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment for the purpose of confirming the information contained on my application and/or obtaining other information that may be material to my qualifications for employment.

I release from all liability all persons, companies, and corporations supplying such information, and I also release LMAMH, Inc. and any of its representatives from any liability as a result of any inquiries made by LMAMH, Inc. while conducting this investigation. I understand any false answers or statements or implications made by me in the

application, in any interview, or in other documents shall be considered sufficient cause for denial of employment or termination of employment if I should be employed by LMAMH, Inc. I further understand that my employment with LMAMH, Inc. is subject to the satisfactory completion of this investigation.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview or in the conduct of such investigation is intended to create an employment contract between LMAMH, Inc. and myself either for employment or for the providing of any benefit. No promises or representations regarding employment have been made to me, and I understand no such promise, representation, or guarantee, whenever made, whether written or oral, is binding upon LMAMH, Inc.] unless made in writing by the Human Resource Director. If an employment relationship is established, I understand that employment with LMAMH, Inc. is "at will" and if hired, I acknowledge that I have the right to terminate employment, with or without advance notice, for any reason at all, at any time and that LMAMH, Inc. retains the same right.

If employed, I agree to accept Logan-Mingo Area Mental Health, Inc. personnel policies and procedures for its employees and the technology and non-disclosure policies, in which I agree to protect and not divulge any confidential information I have gained through employment with LMAMH, Inc. (This agreement also sets forth the conditions under which LMAMH, Inc. is assigned the entire right, title, and interest of certain inventions or ideas, including computer programs, developed while in Logan-Mingo Area Mental Health, Inc. employ).

If offered employment with LMAMH, Inc., I understand that my employment is contingent upon the presentation of documents establishing my identity and eligibility to work in the United States. I also understand that, if employed, I will be required to abide by all rules and regulations of LMAMH, Inc., and to complete satisfactorily a six-month probationary period of employment during which I may not be eligible for certain benefits.

Signature of Applicant

Date