



South Bay Mental Health Center
*An Equal Opportunity Employer**

All of the requested information is crucial to our hiring process. Please complete the following employment application in its entirety. Any incomplete areas may result in a delay in your application.

EMPLOYMENT APPLICATION

Name _____ Date _____
Last First Middle

Address _____
Street City State Zip

Phone _____ Social Security Number _____

Are you legally authorized to work in the United States? YES _____ NO _____

* Proof of citizenship or immigration status will be required within 3 business days of employment.

Position applying for _____ Date you're available to start _____ Full-time or Part-time _____

Are you currently employed? _____ If so, may we contact present employer? YES _____ NO _____

How did you hear about this position? _____

Have you ever applied to South Bay before? _____ If so, when and where? _____

Education	Name and Location of School	# of Years Attended	Degree Conferred
High School			
College			
Advanced Degree			
Trade or Business School			

Areas of Interest, Special Skills: _____

Professional Licenses: _____ License #: _____

Indicate which Foreign Languages you Speak, Read and/or Write that may help you perform the job for which you're applying:

_____ Speak _____ Read _____ Write _____

Membership in Professional or Civic Organizations: (You may exclude those that may disclose race, religion, and national origin)

Additional Information to be considered regarding your application: _____

Have you ever been convicted of a felony? YES _____ NO _____

If yes, please explain: _____

An applicant for employment with a sealed record on file with the commissioner of probation may answer “no record” with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant may answer “no record” with respect to any inquiry relative to prior arrest, court appearances and adjudications in all cases of delinquency or as a child in need of services, which did not result in a complaint transferred to the superior court for criminal prosecution.

Within the last five years have you completed a period of incarceration or been convicted of a misdemeanor, which was *not* a first conviction for drunkenness, simple assault, speeding, a minor traffic violation, an affray, or disturbing the peace?

YES _____ NO _____

If yes, please explain: _____

(A conviction record may not necessarily be a bar to employment. Factors such as age at time of the offense, seriousness and nature of the violation, and rehabilitation may be taken into account.)

Do you have any major traffic violations on your driving record within the past 5 years?

YES _____ NO _____

If yes, please give dates and explain the nature of the violation: _____

Authorization to Contact References

I, _____ hereby give South Bay Mental Health Center, Inc. permission to contact the references listed below for the purpose of verifying job position and performance. I authorize South Bay Mental Health Center to contact my former employers and authorize my former employers to release information pertaining to my record, my work habits, and my work performance while in their employ.

Signature: _____

Please provide the names of three **professional references** that are relevant to previous employment experiences and you have known for at least one year.

1.) Reference Name: _____

Relationship/ Affiliated By: _____

Company/ Agency: _____

Phone Number : _____

E-mail Address: _____

2.) Reference Name: _____

Relationship/ Affiliated By: _____

Company/ Agency: _____

Phone Number: _____

E-mail Address: _____

3.) Reference Name: _____

Relationship/ Affiliated By: _____

Company/ Agency: _____

Phone Number: _____

E-mail Address: _____

Employment History

Please complete this section in addition to submitting a resume. Start from the most recent or current position. You may include volunteer positions. Please ensure you document a minimum of a 10-year employment history.

From	To	Company	Position	Salary
Supervisor		Phone Number	Reason for Leaving	May we Contact?

From	To	Company	Position	Salary
Supervisor		Phone Number	Reason for Leaving	May we Contact?

From	To	Company	Position	Salary
Supervisor		Phone Number	Reason for Leaving	May we Contact?

From	To	Company	Position	Salary
Supervisor		Phone Number	Reason for Leaving	May we Contact?

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

I hereby state that the information given by me in this application and attached resume is true in all respects. I understand that if any information in this application or attached resume is found to be false in any respect, South Bay Mental Health Center may withdraw any offer of employment or terminate my employment. I understand that this employment application and any other South Bay Mental Health Center document are not employment contracts and that I may leave or be terminated from South Bay Mental Health Center at any time with or without any reason or notice. Any statements made to the contrary are disavowed and should not be relied upon by any prospective or existing employee. I understand that completing this application creates no rights, express or implied, to employment with South Bay Mental Health Center. I further understand that all offers of employment are conditional upon the receipt of references and a Criminal Offender Record Information check deemed acceptable by South Bay Mental Health Center, as well as the successful completion of an introductory period which may be extended at South Bay Mental Health Center's discretion.

Signature

Date

*South Bay Mental Health Center, Inc. complies with laws which prohibit discrimination based on race, age, color, religion, sex, national origin, ancestry, marital status, sexual orientation, disability, generic information, uniformed military service or any other status protected by applicable law.

Interviewing at South Bay Mental Health Center: Privacy Practices

At South Bay Mental Health Center, client confidentiality has always been central to our interviewing, training and practice. Additionally, South Bay is compliant with recent federal legislation, referred to as the HIPAA Privacy Rule, designed to protect patient privacy. It is important that you are aware of the Privacy Rule as you begin the interviewing process at South Bay.

HIPAA is the acronym for the Health Insurance Portability and Accountability Act of 1996, which includes provisions requiring national standards re: privacy and security, to protect personal health information. The HIPAA Privacy Rule contains standards for the use and disclosure of an individual's protected health information (PHI) by healthcare providers. The standards set out a range of administrative requirements that assure that healthcare providers maintain an environment that will promote the privacy and security of PHI. Improper uses or disclosures of PHI are subject to criminal and civil sanctions.

The Privacy Rule:

- Limits the use and release of individually identifiable health information;
- Gives patients the right to access their medical records;
- Restricts most disclosure of health information to the minimum needed for the intended purpose;
- Establishes safeguards and restrictions regarding disclosure or records for certain public responsibilities, i.e., public health, research and law enforcement;
- And requires healthcare providers to provide patients with notice of patient's privacy rights and the healthcare provider's privacy practices.

By signing this form, I acknowledge my understanding that individually identifiable health information is protected by the HIPAA Privacy Rule, which limits the use and restricts disclosure of protected health information.

Signature of Applicant

Date of Applicant Signature

Printed Name of Applicant

Affirmative Action Voluntary Information

To be completed by applicant. Not for interview purposes. To be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or is necessitated by another federal law or regulation.

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status or any other legally protected status.

Position(s) applied for _____ Date: _____/_____/_____

Referral Source

- | | | |
|---|---|--|
| <input type="checkbox"/> Walk-In | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement-Source _____ | <input type="checkbox"/> Other _____ | |

Name of person who referred you (if applicable) _____

Applicant Information

Name _____
Last First Middle

Phone _____

Address _____
Street City State Zip Code

- Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | | |
|--------------------------------|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> 2 Or More Races |

Special Notice

To Vietnam Era Veterans, Disabled Veterans, and Individuals with physical or mental disabilities:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 required to take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam era and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you so wish to be identified, please check if any of the following are applicable:

- Vietnam era Veteran (served between 1964-1975) Disabled Veteran Individual with a Disability