



EMPLOYMENT APPLICATION

To Apply: 2789 Ortiz Avenue, Fort Myers, FL 33905 Fax: (239) 418-0094 or E-mail: apply@leementalhealth.org

Important notice: Lee Mental Health Center, Inc. (LMH) is an equal opportunity employer. All applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or disability. LMH is drug free workplace and adheres to the drug free workplace program as outlined under Florida worker's compensation law. All applicants being considered for employment will be required to undergo a drug screen. Refusal to submit or positive results of the test will prohibit you from being offered employment. * *Failure to fully complete this application may result in non-consideration* *

DATE OF APPLICATION:	POSITION(S) APPLIED FOR (please list in order of preference): 1. _____ 2. _____ 3. _____ 4. _____		
Referral Source (Please check one):	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Job Search Website _____	
	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> LMH Website	<input type="checkbox"/> LMH Employee _____	

APPLICANT INFORMATION:

Last Name		First Name		Middle Initial	Social Security #
Current Address	Street	City		State	Zip Code
Phone Numbers	Home Telephone ()	Cell Phone ()	Business Phone ()		
Other	E-mail address				

Have you ever worked under a different name?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please specify _____		
Have you ever been employed by LMH before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", give dates _____		
Have you ever been offered a position by this company before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", give dates _____		
Are you currently employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you any friends or relatives in our employ?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please complete items below:		
Name _____		Relationship _____			
Name _____		Relationship _____			
Are you legally eligible for employment in the United States? (If offered employment you will be required to provide genuine proof of identity and eligibility) <input type="checkbox"/> Yes <input type="checkbox"/> No					
If a conditional offer were made, on what date would you be available to begin work? _____			Expected Salary?		
Are you available to work:	Full Time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If required, would you be willing to work:	Evenings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Part Time?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Weekends?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Shift Work?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Overtime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Temporary?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Rotating schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: All applications are kept in our active files for three months from the date of the application (a new application will be required after this time).

EDUCATION & TRAINING:

	Schools	Grade Completed or Degree Type (ex: HS dip., AA, BA, BS, MA, PhD, DO) <i>Write "N/A" if a degree was <u>not</u> earned</i>	Course or (College) Major
High School	Name		
	Location		
College	Name		
	Location		
Graduate or Professional	Name		
	Location		
Business or Trade School	Name		
	Location		
Describe specialized training, apprenticeship and/or any additional education information you feel may be helpful to us in considering your application			

Please list any current professional licenses or certifications you hold (ex: LPN, RN, CAP, LCSW, MD, DO, etc)

TYPE	NUMBER	STATE	EXPIRATION DATE

SKILLS: Please list computer software packages you can effectively use. Please be careful to write the name of the software package in the space below that best represents your *current* skill level:

	BEGINNER	INTERMEDIATE	ADVANCED	
Software Package (list by name)				
Summarize any other special skills and qualifications acquired from employment or other experience:				
Please list ALL languages you speak, read and/or write:	LANGUAGE (list below)	SPEAK	READ	WRITE
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

DRIVING RECORD:

Do you have a valid <i>Florida</i> driver's or chauffeur's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid out of State Driver's or chauffeur's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", license # _____	If "No", please explain: _____
If the position requires it, do you have a reliable form of transportation for business travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT RECORD: Starting with your most recent employer, list all prior work experience. Include any United States Military/or State Militia Service. If you resigned, indicate why. If you were terminated, indicate the reason you were given by your employer. This section **must be filled out completely for employment consideration**. If more space is needed to list additional work experience, please request an additional sheet. *A résumé may not be attached as a substitute for this section*, but may be included *with* the application.

COMPANY NAME				DATES OF EMPLOYMENT		FROM: (MM/YY)	TO: (MM/YY)
ADDRESS (STREET)				HOURLY RATE OF PAY OR SALARY		START: \$	END: \$
(CITY)	(STATE)	(ZIP CODE)	(TELEPHONE)	NO. HOURS PER WEEK?	FULL OR PART TIME?	<input type="checkbox"/> F/T	<input type="checkbox"/> P/T
JOB TITLE				BRIEFLY DESCRIBE NATURE OF WORK AND DUTIES PERFORMED			
SUPERVISOR'S NAME & TITLE							
REASON FOR LEAVING							
EXPLAIN ANY PERIOD OF UNEMPLOYMENT (BETWEEN JOBS) OF ONE MONTH OR MORE:							
COMPANY NAME				DATES OF EMPLOYMENT		FROM: (MM/YY)	TO: (MM/YY)
ADDRESS (STREET)				HOURLY RATE OF PAY OR SALARY		START: \$	END: \$
(CITY)	(STATE)	(ZIP CODE)	(TELEPHONE)	NO. HOURS PER WEEK?	FULL OR PART TIME?	<input type="checkbox"/> F/T	<input type="checkbox"/> P/T
JOB TITLE				BRIEFLY DESCRIBE NATURE OF WORK AND DUTIES PERFORMED			
SUPERVISOR'S NAME & TITLE							
REASON FOR LEAVING							
EXPLAIN ANY PERIOD OF UNEMPLOYMENT (BETWEEN JOBS) OF ONE MONTH OR MORE:							
COMPANY NAME				DATES OF EMPLOYMENT		FROM: (MM/YY)	TO: (MM/YY)
ADDRESS (STREET)				HOURLY RATE OF PAY OR SALARY		START: \$	END: \$
(CITY)	(STATE)	(ZIP CODE)	(TELEPHONE)	NO. HOURS PER WEEK?	FULL OR PART TIME?	<input type="checkbox"/> F/T	<input type="checkbox"/> P/T
JOB TITLE				BRIEFLY DESCRIBE NATURE OF WORK AND DUTIES PERFORMED			
SUPERVISOR'S NAME & TITLE							
REASON FOR LEAVING							
EXPLAIN ANY PERIOD OF UNEMPLOYMENT (BETWEEN JOBS) OF ONE MONTH OR MORE:							
COMPANY NAME				DATES OF EMPLOYMENT		FROM: (MM/YY)	TO: (MM/YY)
ADDRESS (STREET)				HOURLY RATE OF PAY OR SALARY		START: \$	END: \$
(CITY)	(STATE)	(ZIP CODE)	(TELEPHONE)	NO. HOURS PER WEEK?	FULL OR PART TIME?	<input type="checkbox"/> F/T	<input type="checkbox"/> P/T
JOB TITLE				BRIEFLY DESCRIBE NATURE OF WORK AND DUTIES PERFORMED			
SUPERVISOR'S NAME & TITLE							
REASON FOR LEAVING							
EXPLAIN ANY PERIOD OF UNEMPLOYMENT (BETWEEN JOBS) OF ONE MONTH OR MORE:							
COMPANY NAME				DATES OF EMPLOYMENT		FROM: (MM/YY)	TO: (MM/YY)
ADDRESS (STREET)				HOURLY RATE OF PAY OR SALARY		START: \$	END: \$
(CITY)	(STATE)	(ZIP CODE)	(TELEPHONE)	NO. HOURS PER WEEK?	FULL OR PART TIME?	<input type="checkbox"/> F/T	<input type="checkbox"/> P/T
JOB TITLE				BRIEFLY DESCRIBE NATURE OF WORK AND DUTIES PERFORMED			
SUPERVISOR'S NAME & TITLE							
REASON FOR LEAVING							
EXPLAIN ANY PERIOD OF UNEMPLOYMENT (BETWEEN JOBS) OF ONE MONTH OR MORE:							

EMPLOYMENT RECORD (Continued): Starting with your most recent employer, list **all** prior work experience. Include any United States Military/or State Militia Service. If you resigned, indicate why. If you were terminated, indicate the reason you were given by your employer. This section **must be filled out completely for employment consideration**. If more space is needed to list additional work experience, please request an additional sheet. A résumé may not be attached as a substitute for this section.

COMPANY NAME				DATES OF EMPLOYMENT		FROM: (MM/YY)	TO: (MM/YY)
ADDRESS (STREET)				HOURLY RATE OF PAY OR SALARY		START: \$	END: \$
(CITY)	(STATE)	(ZIP CODE)	(TELEPHONE)	NO. HOURS PER WEEK?	FULL OR PART TIME? <input type="checkbox"/> F/T <input type="checkbox"/> P/T		
JOB TITLE				BRIEFLY DESCRIBE NATURE OF WORK AND DUTIES PERFORMED			
SUPERVISOR'S NAME & TITLE							
REASON FOR LEAVING							
EXPLAIN ANY PERIOD OF UNEMPLOYMENT (BETWEEN JOBS) OF ONE MONTH OR MORE:							
COMPANY NAME				DATES OF EMPLOYMENT		FROM: (MM/YY)	TO: (MM/YY)
ADDRESS (STREET)				HOURLY RATE OF PAY OR SALARY		START: \$	END: \$
(CITY)	(STATE)	(ZIP CODE)	(TELEPHONE)	NO. HOURS PER WEEK?	FULL OR PART TIME? <input type="checkbox"/> F/T <input type="checkbox"/> P/T		
JOB TITLE				BRIEFLY DESCRIBE NATURE OF WORK AND DUTIES PERFORMED			
SUPERVISOR'S NAME & TITLE							
REASON FOR LEAVING							
EXPLAIN ANY PERIOD OF UNEMPLOYMENT (BETWEEN JOBS) OF ONE MONTH OR MORE:							
COMPANY NAME				DATES OF EMPLOYMENT		FROM: (MM/YY)	TO: (MM/YY)
ADDRESS (STREET)				HOURLY RATE OF PAY OR SALARY		START: \$	END: \$
(CITY)	(STATE)	(ZIP CODE)	(TELEPHONE)	NO. HOURS PER WEEK?	FULL OR PART TIME? <input type="checkbox"/> F/T <input type="checkbox"/> P/T		
JOB TITLE				BRIEFLY DESCRIBE NATURE OF WORK AND DUTIES PERFORMED			
SUPERVISOR'S NAME & TITLE							
REASON FOR LEAVING							
EXPLAIN ANY PERIOD OF UNEMPLOYMENT (BETWEEN JOBS) OF ONE MONTH OR MORE:							
COMPANY NAME				DATES OF EMPLOYMENT		FROM: (MM/YY)	TO: (MM/YY)
ADDRESS (STREET)				HOURLY RATE OF PAY OR SALARY		START: \$	END: \$
(CITY)	(STATE)	(ZIP CODE)	(TELEPHONE)	NO. HOURS PER WEEK?	FULL OR PART TIME? <input type="checkbox"/> F/T <input type="checkbox"/> P/T		
JOB TITLE				BRIEFLY DESCRIBE NATURE OF WORK AND DUTIES PERFORMED			
SUPERVISOR'S NAME & TITLE							
REASON FOR LEAVING							
EXPLAIN ANY PERIOD OF UNEMPLOYMENT (BETWEEN JOBS) OF ONE MONTH OR MORE:							
COMPANY NAME				DATES OF EMPLOYMENT		FROM: (MM/YY)	TO: (MM/YY)
ADDRESS (STREET)				HOURLY RATE OF PAY OR SALARY		START: \$	END: \$
(CITY)	(STATE)	(ZIP CODE)	(TELEPHONE)	NO. HOURS PER WEEK?	FULL OR PART TIME? <input type="checkbox"/> F/T <input type="checkbox"/> P/T		
JOB TITLE				BRIEFLY DESCRIBE NATURE OF WORK AND DUTIES PERFORMED			
SUPERVISOR'S NAME & TITLE							
REASON FOR LEAVING							
EXPLAIN ANY PERIOD OF UNEMPLOYMENT (BETWEEN JOBS) OF ONE MONTH OR MORE:							

GENERAL:

Have you ever been discharged or asked to resign from any employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" please provide company name(s) and details
Have you ever been convicted of a felony or filed a plea of nolo contendere or other plea amounting to an admission of guilt (on a felony level charge)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" please explain
Have you ever been convicted of the violation of any law prohibiting abuse against a child, or an act of domestic violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" please explain

REFERENCES:

Please give name, address and phone number of three (3) character references that are **not** related to you and are **not** previous employers.

NAME	ADDRESS (City and State)	DAYTIME PHONE NUMBER(S)

CONDITIONS OF EMPLOYMENT:

I authorize the references listed and previous employers to give you any and all pertinent information they may have and release all parties from any liability concerning the information they release. I hereby certify that the information listed on this application is true and correct. I understand that if any false, incomplete or misleading information is given by me on this application, I will be disqualified for employment. Also, if such falsification of this application is discovered once I am employed, I understand it will constitute grounds for discipline up to and including termination.

I agree to undergo fingerprinting and provide information needed for the background screening required by Florida statutes. I understand that satisfactory results from such screening are a condition of my continued employment. I understand and agree that I will be required to undergo a drug/alcohol screening and that refusal to take this test or positive results will result in an ineligible employment status.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Lee Mental Health to hire me. If hired, I understand that my first 90 days are considered an initial employment period. I further understand that my continued employment depends on satisfactory completion of this initial employment period. If hired, I also understand that my employment relationship with Lee Mental Health Center, Inc. is "at will" and I cannot be guaranteed employment for any specific duration. As an employee I may resign at any time or be discharged at any time, with or without cause. This employment relationship may not be changed at any time unless it is in a formal written agreement signed by both me and the President / CEO.

Applicant Signature

Date