



# Northwestern Mental Health Center

E-mail: [HR@nwmhc.org](mailto:HR@nwmhc.org); FAX: 218-281-6261 Attn: HR  
 Mail: HR, PO Box 603, Crookston, MN 56716

## Employment Application (Please fill out all sections even if submitting a resume)

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Alternate Contact (Name/Number): \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Have you ever worked for NWMHC? YES  NO  Date and reason for leaving? \_\_\_\_\_

Are you under 18? YES  NO  Date Available for Work? \_\_\_\_\_

### Current Employment

**Current Employment Information:** If not currently employed, please check here \_\_\_\_\_ and move on to next section.

Employer	Dates Employed (MM/YR)		Job Title
	Start	Current	
Address	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Other		Supervisor
City	State	Zip	Job Duties:
Telephone			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Pay Information</b>			
Starting:	Current:		
Reason For Leaving:			

**Previous Employment**

<b>Employer</b>	<b>Dates Employed (MM/YR)</b>		<b>Job Title</b>
	Start	End	
Address	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Other		Supervisor
City                      State                      Zip	Job Duties:		
Telephone			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Pay Information</b>			
Starting:	Current:		
Reason For Leaving:			

<b>Employer</b>	<b>Dates Employed (MM/YR)</b>		<b>Job Title</b>
	Start	End	
Address	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Other		Supervisor
City                      State                      Zip	Job Duties:		
Telephone			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Pay Information</b>			
Starting:	Current:		
Reason For Leaving:			

<b>Employer</b>	<b>Dates Employed (MM/YR)</b>		<b>Job Title</b>
	Start	End	
Address	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Other		Supervisor
City                      State                      Zip	Job Duties:		
Telephone			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Pay Information</b>			
Starting:	Current:		
Reason For Leaving:			

## Education

EDUCATION	School Name / City and State	Completion	Major Area of Study
High School		Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No GED <input type="checkbox"/> Yes <input type="checkbox"/> No	
College Attended		Degree Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate If not, years completed: _____  Credits earned: _____	
College Attended		Degree Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate If not, years completed: _____  Credits earned: _____	
College Attended		Degree Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate If not, years completed: _____  Credits earned: _____	
Certificate Program		(indicate type of certificate earned)	

## Licensure

PROFESSIONAL LICENSURE	Documentation will be required prior to hire			Has it ever been under investigation or encumbered?
Type	Number	Expiration Date	Any Restrictions?	
Driver's License (if apply for a position which requires driving)				

## Other Information

List any special achievements or qualifications (such as Training, Other Languages Spoken, etc.)

List any Professional Organization Membership(s) or Certification(s): (Please exclude those relating to religion, race, age, gender, sexual orientation, etc.)

How did you find out about this position?  
 Employee (name of employee)       Advertisement (name of publication)       School (name of school)  
\_\_\_\_\_  
 Job Fair (location)       Staffing Agency       Other  
\_\_\_\_\_  
 Walk-In       NWMHC Website

**A Criminal Background Check Will Be Required:** NWMHC will not refuse employment to a person because of a criminal record unless NWMHC deems the record is related to the position sought, or the individual is deemed ineligible by the Minnesota Department of Human Services.

**Authorization to Work in the United States:** Upon offer of the position, candidates will be required to provide proof of authorization to work in the United States.

**Proof of Insurance:** Upon offer of the position, candidates whose position requires driving will be required to provide proof of valid automobile insurance.

**References**

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## Disclaimer and Signature

*I hereby certify that all of the information provided by me in this application (and (if applicable) in any other accompanying or required documentation) is correct, accurate and complete to the best of my knowledge. If selected for personal interview, I agree that the information provided will be true as well. I understand that the falsification, misrepresentation or omission of any facts may be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.*

*I understand that any offer of employment is contingent upon satisfactory completion of a background investigation. I hereby authorize Northwestern Mental Health Center, Inc. the right to verify any information provided with any former employer, motor vehicle department, educational institution, licensing agency, or individual named as a reference above. NWMHC has the right to use outside agencies as it deems necessary to verify this information during its pre-hire verification process and/or at any time prior to or during my employment. I hereby release all parties from any and all liability for any and all damage that may result from providing such information.*

*I understand that if offered a position with NWMHC I may be required to submit to a pre-employment medical examination, drug screening, criminal, sex offender, and licensing background searches or DMV history as a condition of employment. I understand that unsatisfactory results (for criminal background checks, not all issues result in automatic disqualification. Disqualification depends on regulations governing the agency/position), refusal to cooperate, or any attempt to affect the results of any pre-employment testing will result in the withdrawal of any employment offer or termination of employment if already employed. I further understand that a good driving record and compliance with other conduct policies and regulations may be required to obtain and maintain a position of employment at NWMHC.*

*I am aware that should I accept a position with NWMHC prior approval of the Chief Executive Officer will be required in order that I or my immediate family members receive treatment/services from NWMHC and that depending upon circumstances I or my immediate family members may be required to receive treatment/services elsewhere.*

*I understand that the submission of an application does not guarantee employment and that I am not required to accept employment. I understand that none of the documents, policies, procedures, actions or statements of NWMHC or its representatives used during the employment process is deemed a contract of employment, real or implied. I further understand that the "at will" employment relationship may not be changed by any written document or by conduct. If I become employed by NWMHC, I agree to conform to the rules, regulations, policies and procedures of NWMHC at all times and understand that such obedience is a condition of employment.*

*I understand that this application for employment is considered current for six months. After this period I understand I must fill out and submit a new application for further consideration. If my application is still valid, I may provide additional document for consideration in writing. By signing below, I acknowledge that I have read, understood and agree to the above statement.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NWMHC is an equal opportunity employer. NWMHC does not hire, promote, terminate or make any other employment decisions based on race, color, creed, religion, national origin, sex, disability, age, marital status, sexual orientation, familial status, genetic information or status with regard to public assistance.