



ASIAN COMMUNITY MENTAL HEALTH SERVICES

Application for Employment
 310 - 8th Street, Suite 201, Oakland, CA 94607
 (510) 451-6729 PHONE; (510) 268-0202 FAX

GENERAL INFORMATION

Last Name		First Name, Middle Name		Social Security Number	
Address (Number, Street, Apartment)				Have you ever been convicted of any violation of the law? Include felonies, misdemeanors, including sexual and child abuse related crimes, but not traffic violations under \$125.00. A conviction record is not necessarily a bar to employment. Each case will be given individual consideration. Please be truthful. No Yes	
City		State	Zip		
Home Phone		Cell Phone			
Email			Title of position for which you are applying		
How did you hear about ACMHS?			List any previous names under which you have worked, gone to school or served in the Armed Forces.		

EDUCATION & TRAINING

High School Name, Location		Did you graduate? Yes No		If not, do you have a GED or a California High School Proficiency Certificate? Yes No			
Name of College/University Attended	Course of Study/Major	Dates Attended	Type of Degree	Degree Awarded? Yes No		Units Completed Semester Quarter	
Other Relevant Courses and Training	Institution Name, Location			Length of Course		Date Ended	
Professional License or Certificate, If Required	Serial No.		Date Issued		Expiration Date		
List any foreign languages in which you are fluent.			Driver's License Number		State		
	Speak	Read	Write	Do you have access to a car? Yes No			
	Speak	Read	Write	Computer Skills/Special Skills			
	Speak	Read	Write				

PROFESSIONAL REFERENCES

Name, Title	Business or Agency Name	Telephone

APPLICANT AUTHORIZATION STATEMENT

The employer has the right to verify information provided in the application. False information, misstatements, or omission of material facts may be grounds for rejecting this application or for dismissal following employment. In connection with this application for employment, I authorize Asian Community Mental Health Services and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release Asian Community Mental Health Services and any agent acting on its behalf from any and all liability of and all liability of whatsoever nature by reason of requesting such information from any person.

Yes No (We may be unable to hire you without this information.)

I declare that any statement in this application or information provided is true and complete, and hereby acknowledge that I have read and understand the information above.

Signature _____ Date _____

This section must be filled out. Additionally, you may attach a resume or other relevant documents to further describe your qualifications.

EMPLOYMENT HISTORY

List your work record, beginning with your most recent experience. Include volunteer and U.S. Military service. Describe the work you did as completely as possible. List each promotion separately. Explain gaps between employment periods. If more space is needed, use a separate sheet prepared in the same form and attach securely. Incomplete information may result in disqualification.

to Mo/Yr Mo/Yr	Employer (Business or Agency Name)	Title of your present or most recent position	No. of Employees Supervised By You
Hours per Week	Address	Name of Supervisor	Supervisor's Phone No.
Salary	Duties		
Reason for Leaving			

to Mo/Yr Mo/Yr	Employer (Business or Agency Name)	Title	No. of Employees Supervised By You
Hours per Week	Address	Name of Supervisor	Supervisor's Phone No.
Salary	Duties		
Reason for Leaving			

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Hours per Week	Address	Name of Supervisor	Supervisor's Phone No.
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Salary	Duties		
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to Mo/Yr Mo/Yr	Employer (Business or Agency Name)	Title	No. of Employees Supervised By You
Hours per Week	Address	Name of Supervisor	Supervisor's Phone No.
Salary	Duties		
Reason for Leaving			

Were you ever discharged or forced to resign from any position?

No Yes Please Explain:

VERIFICATION OF EMPLOYMENT ELIGIBILITY

As mandated by the Immigration Reform and Control Act of 1986, all candidates offered employment after November 6, 1986 must provide written proof that establishes identity and eligibility to work in the United States. This is accomplished by completing the Employment Eligibility Verification Form (I-9) and producing acceptable documents including, but not limited to, United States Passport, State-issued Driver's License, Social Security Card, Birth Certificate, other documents that establish identity and eligibility to work in the U.S.

APPLICANTS MUST FILL OUT BOTH PAGES OF THIS APPLICATION.