



Mainstream Services

Telephone (304) 522-1945

Fax (304) 522-1946

4757C Route152 Lavalette, WV 25535

Employment Application

Personal Information

Date: _____

Last Name:		First Name:		Middle Name:
Streets Address:		City, State:		Zip Code:
Home Phone:			Cell Phone:	
Email Address:				
Are you at least 18 years old?		____ Yes ____ No		US Citizen? ____ Yes ____ No
Have you ever been convicted of a crime? (Felony or Misdemeanor)				
If yes, please give date, state and conviction>		____ Yes ____ No		
Have you ever been employed with Mainstream Services? If yes, when?		____ Yes ____ No		
Do you have experience in Behavioral Health?		____ Yes ____ No		
Position Desired:				
Salary Desired:				
How were you referred?				
Date Available To Start:		Shift/Hours Preferred:		
____ Full Time ____ Part Time		Days Available		

Education - All academic training must be verified in the form of an official transcript, copy of diploma, license or certificate.

High School	Degree or Certificate
College	Degree or Certificate
Busines, Vocational or Trade	Degree or Certificate
Additional Training	

Other Skills, Licenses, or Certifications.		
Are you certified in CPR?		
Are you certified in First Aid?		
Computer Skills:		

Work Experience (begin with most recent)

Employer	Address	
Phone Number	Supervisor	May we contact?
		___ Yes ___ No
Dates Employed	Start Rate of Pay	Final Rate of Pay
Job Title and Job Description:		
Reason for leaving:		

Employer	Address	
Phone Number	Supervisor	May we contact?
		___ Yes ___ No
Dates Employed	Start Rate of Pay	Final Rate of Pay
Job Title and Job Description:		
Reason for leaving:		

Employer	Address	
Phone Number	Supervisor	May we contact? ____ Yes ____ No
Dates Employed	Start Rate of Pay	Final Rate of Pay
Job Title and Job Description:		
Reason for leaving:		

Employer	Address	
Phone Number	Supervisor	May we contact? ____ Yes ____ No
Dates Employed	Start Rate of Pay	Final Rate of Pay
Job Title and Job Description:		
Reason for leaving:		

Additional Information

Do you have any relatives working for Mainstream Servies? If yes, please give detail: ____ Yes ____ No

Professional References (In the absence of 3 jobs, list personal references of whom you are not related)

Name, Address, & Phone

Equal Opportunity Employment

In compliance with federal, state, and local EEO laws, Mainstream Services assures all applicants of equal opportunity when applying for employment. No applicant will be discriminated against based on age, color, race, sex, national origin, ancestry, religion, creed, marital status, mental or physical disability, veteran status or any other non-job related factors.

Conditions For Employment

Please read the following statements carefully as they constitute conditions for employment.

I certify that all information provided in this employment application is true and complete. I understand that any false information, misrepresentation or omission in this application or other employment-related forms or during the interview process may disqualify me from further consideration for employment and may result in my dismissal if discovered at any later date.

I understand that federal law requires agencies providing behavioral health services to conduct a criminal background check on all applicants seeking employment. I understand I may be denied employment based on the outcome of the investigation or if hired as a "provisional" employee pending the outcome of the check and if hired under this exception, continued employment is conditional upon the receipt of a favorable request.

I authorize Mainstream Services or Mainstream's Representative to make a thorough investigation into my past employment, education, criminal background and any other job related activities. I release from liability all persons, companies, corporations, educational institutions, law enforcement agencies and federal, state, and local governments, supplying such information and indemnify Mainstream Services against any liability which might result from making such an investigation. This authorization will be valid for a period of 60 days. A copy of this authorization will act as valid as the original.

I also understand and authorize that the information I have provided may be verified by contacting former employers, references, educational institutions, law enforcement agencies and federal, state, and local governments, including records verifying employment, education, and criminal history.

Signature of Applicant (unsigned applications will not be considered)

Date