



# APPLICATION FOR EMPLOYMENT

438 N. WHITE ROAD – SAN JOSE, CA 95127

*An Equal Opportunity Employer*

Thank you for your interest in employment with Momentum for Mental Health. In order for your application and qualifications to be given adequate review and consideration please follow these application instructions.

1. Complete all sections of the application form.
2. Please ensure that you meet the minimum qualifications for the advertised position.
3. For positions that require driving, applicants are required to have a current CA driver license and adequate personal vehicle insurance coverage.
4. The interview process may include any of the following procedures, depending on the position for which you are applying: oral interview, written tests or situational exercises.
5. To be considered for residential positions you must be able to meet all requirements and obtain all clearances required by Community Care Licensing (e.g., criminal clearance, health screening and TB testing or chest x-ray).
6. If offered a position, you must provide evidence of your eligibility to work in the United States.
7. Your employment with Momentum will be contingent on an acceptable background check and successfully passing a drug screening.

Thank you for applying to Momentum

## PERSONAL INFORMATION *(Please PRINT and Complete All Sections)*

Name: \_\_\_\_\_  
Last
First
Middle

Address: \_\_\_\_\_  
Number & Street, City, State, Zip Code

Home Phone Number: ( ) \_\_\_\_\_ Alternate Phone Number: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Position Desired: \_\_\_\_\_  Full Time  Part Time  On-Call

Date Available: \_\_\_\_\_

Are You 18 Years of Age or Older?  Yes  No

Do You Have A Valid California Drivers License?  Yes  No

Can You Submit Verification of Your Legal Right to Work in the United States?  Yes  No

Do you have a National Provider Identifier (NPI)?  No  Yes NPI#: \_\_\_\_\_

Have You Applied to this Agency Before?  No  Yes If yes, when? \_\_\_\_\_

Referral Source:  Employee Referral  Friend  College/University  Walk-In  Internet

Advertisement, please specify \_\_\_\_\_  Other \_\_\_\_\_

## EDUCATIONAL INFORMATION

SCHOOL OR INSTITUTION	NAME & LOCATION	TYPE OF DEGREE RECEIVED	PRINCIPAL COURSES STUDIED OR MAJOR
High School		(Circle one) Diploma GED	
College or University			
Technical or Business School			

Do you have any other experience, training, credentials, certifications, qualifications or skills that you feel make you qualified for this position?

## BILINGUAL PROFICIENCY (OTHER THAN ENGLISH)

LANGUAGE SPOKEN	FLUENT	GOOD	FAIR	WRITE?	READ?

## EMPLOYMENT HISTORY - Complete in detail beginning with most recent employer

1. Name of Organization: \_\_\_\_\_

City (required): \_\_\_\_\_ State (required): \_\_\_\_ Start Date: Mo/Yr. \_\_\_\_ End Date: Mo/Yr. \_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Description of Job Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

If still employed, may we contact your present employer?  No  Yes

## EMPLOYMENT HISTORY (CONT'D)

2. Name of Organization: \_\_\_\_\_

City (required): \_\_\_\_\_ State (required): \_\_\_\_ Start Date: Mo/Yr. \_\_\_\_ End Date: Mo/Yr. \_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Description of Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

If still employed, may we contact your present employer?  No  Yes

3. Name of Organization: \_\_\_\_\_

City (required): \_\_\_\_\_ State (required): \_\_\_\_ Start Date: Mo/Yr. \_\_\_\_ End Date: Mo/Yr. \_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Description of Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

4. Name of Organization: \_\_\_\_\_

City (required): \_\_\_\_\_ State (required): \_\_\_\_ Start Date: Mo/Yr. \_\_\_\_ End Date: Mo/Yr. \_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Description of Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## EMPLOYMENT HISTORY (CONT'D)

5. Name of Organization: \_\_\_\_\_

City (required): \_\_\_\_\_ State (required): \_\_\_\_ Start Date: Mo/Yr. \_\_\_\_ End Date: Mo/Yr. \_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Description of Job Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## MILITARY EXPERIENCE

Did you serve in the U.S. Armed Forces?  Yes  No

If Yes, how many years of service and what branch?

What type of discharge did you receive?

## COMPUTER PROFICIENCY

Words typed per minute \_\_\_\_\_

Software Applications	Beginner	Intermediate	Advanced

## EMPLOYMENT REFERENCES

*Please list only persons that you have worked with.*

NAME	BUSINESS RELATIONSHIP	ORGANIZATION NAME	PHONE NUMBER
1.			( )
2.			( )
3.			( )
4.			( )

## CERTIFICATION

I CERTIFY THAT ALL STATEMENTS I HAVE MADE ON THIS APPLICATION, ATTACHMENTS HERETO, OR ON MY RESUME OR OTHER SUPPLEMENTARY MATERIALS ARE TRUE AND CORRECT. I HEREBY AUTHORIZE MOMENTUM TO INVESTIGATE THE ACCURACY OF THIS INFORMATION FROM ANY PERSON OR ORGANIZATION. I UNDERSTAND THAT ANY MISSTATEMENT I HAVE MADE MAY RESULT IN IMMEDIATE DISQUALIFICATION OF EMPLOYMENT OR DISMISSAL IF I AM EMPLOYED. I AGREE TO PRODUCE ON REQUEST APPLICABLE DOCUMENTATION TO VERIFY STATEMENTS MADE ON THIS APPLICATION.

I HAVE READ AND UNDERSTAND THE FOREGOING STATEMENT.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_