



McCullough, Vargas  
and Associates

Employment Application

**Applicant Information**

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

Full Legal Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

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

Desired Wage / Salary: \_\_\_\_\_

Are you a citizen of the United States? Yes No

If no, are you authorized to work in the United States? Yes No

Have you ever worked for this company? Yes No

If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? Yes No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Any other comments regarding items that may be on background, license, credential, or other checks? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education**

Highest Level of Education: \_\_\_\_\_

School Attended: \_\_\_\_\_

Did you Graduate? Yes No

Degree type: \_\_\_\_\_

**Employment \* Must include 5 years work history**

Company: \_\_\_\_\_

Supervisor or Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

Ending Wage: \_\_\_\_\_

Responsibilities/ Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ To \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes No

Company: \_\_\_\_\_

Supervisor or Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

Ending Wage: \_\_\_\_\_

Responsibilities/ Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ To \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes No

Company: \_\_\_\_\_

Supervisor or Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

Ending Wage: \_\_\_\_\_

Responsibilities/ Duties: \_\_\_\_\_

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Dates of Employment: \_\_\_\_\_ To \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes No

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Explanation of employment gaps in last 5 years, if applicable: \_\_\_\_\_

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**Military Service**

Branch: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ To \_\_\_\_\_

Type of Discharge, if you choose to disclose: \_\_\_\_\_

**References**

\*Please list at least 2 professional references and 1 personal reference

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**Attestations**

I attest to all of the following by writing by initials

\_\_\_\_ I am not currently using illegal drugs/ illicit substances.

\_\_\_\_ I do not have a history of loss or limitation of treatment privileges or other disciplinary action; including Medicare / Medicaid sanctions.

\_\_\_\_ I agree to completion of a criminal background check and will review any findings with MVA hiring staff, providing explanation as necessary, to confirm I am not disqualified as an employee.

\_\_\_\_ I do not have felony conviction history that makes me ineligible for employment.

\_\_\_\_ I certify my answers are true and complete to the best of my knowledge.

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\* Clinical staff specific attestations

\_\_\_\_ I do not have a history of losing my professional license.

\_\_\_\_ My professional license with the state of Michigan is current.

\_\_\_\_ I have current certification credentials with MCBAP or have a development plan.

\_\_\_\_ I have graduated from an accredited school.

\_\_\_\_ I do not have professional liability claims or judgments against me in the past 5 years OR have provided explanation to MVA.

\_\_\_\_ I have professional liability insurance either personal or provided by MVA.

**Disclaimer and Signature**

If this application leads to employment, I understand false or misleading information in my application or interview may result in my dismissal.

Applicant Printed Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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

*Confidential*

**McCullough, Vargas and Associates  
Background Check Authorization**

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City, ST, Zip)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City, ST, Zip)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City, ST, Zip)

Social Security Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License Number/State: \_\_\_\_\_

Race (circle one): American Indian/Alaskan Native    Asian/Pacific Islander    Black  
Unknown/Other    White

The information contained in this application is correct to the best of my knowledge. I hereby authorize **McCullough, Vargas and Associates, Inc. (MVA)** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **MVA** or its agents.

I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. I hereby release **MVA**, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

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

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



## Lenawee Community Mental Health Authority

### AUTHORIZATION TO RELEASE RECIPIENT RIGHTS INFORMATION

I, \_\_\_\_\_ authorize Lenawee Community Mental Health Services Office of Recipient Rights to release to the following corporation or provider McCullough, Vargas and Associates any written reports or records regarding substantiated violations of Recipient Rights. I release Community Mental Health Services of Lenawee County Office of Recipient Rights from any and all claims, liability and damages that may result from the release of these reports or records. I also understand that because of the nature of my job and licensing requirements, the information provided pursuant to this authorization may be provided to representatives of the Department of Consumer and Industry Services and/or other community health agencies. I hereby consent to the release of this information to these agencies.

\_\_\_\_\_  
Applicant's Name (please print legibly)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other last name(s) that may have been used (i.e. Maiden, Previous Marriage)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

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Our search of the records show that the individual named above DOES \_\_\_\_ DOES NOT \_\_\_\_  
Have written reports or record regarding substantiated violations of recipient rights.

\_\_\_\_\_  
Authorized signature of the Office of Recipient Rights

\_\_\_\_\_  
Date

**Provider Fax:** \_\_\_\_\_



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**▶ START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)
Address (Street Number and Name)			Apt. Number	City or Town	State    ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ]-[ ][ ]-[ ][ ][ ][ ]	Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident    (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work    until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:          An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State    ZIP Code

**STOP**    Employer Completes Next Page    **STOP**



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**  
*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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<b>List A</b>		<b>OR</b>	<b>List B</b>		<b>AND</b>	<b>List C</b>	
<b>Identity and Employment Authorization</b>			<b>Identity</b>			<b>Employment Authorization</b>	
Document Title		Document Title		Document Title		Document Title	
Issuing Authority		Issuing Authority		Issuing Authority		Issuing Authority	
Document Number		Document Number		Document Number		Document Number	
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)	
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space			
Issuing Authority							
Document Number							
Expiration Date (if any) (mm/dd/yyyy)							
Document Title							
Issuing Authority							
Document Number							
Expiration Date (if any) (mm/dd/yyyy)							

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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**LISTS OF ACCEPTABLE DOCUMENTS**  
**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.