Logo, company name

Description automatically generated McCullough, Vargas

and Associates

**Employment Application**

**Applicant Information**

Date: Click or tap to enter a date.

Full Legal Name: Click or tap here to enter text.

Preferred Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Social Security Number: Click or tap here to enter text.

Position Applied For: Click or tap here to enter text.

Date Available: Click or tap to enter a date.

Desired Wage / Salary: Click or tap here to enter text.

Are you a citizen of the United States? Choose an item.

If no, are you authorized to work in the United States? Choose an item.

Have you ever worked for this company? Choose an item.

If yes, when? Click or tap here to enter text.

Have you ever been convicted of a felony? Choose an item.

If yes, please explain: Click or tap here to enter text.

Any other comments regarding items that may be on background, license, credential, or other checks? Click or tap here to enter text.

**Education**

Highest Level of Education: Choose an item.

School Attended: Click or tap here to enter text.

Dates of Attendance: Click or tap here to enter text.

Did you Graduate? Choose an item.

Degree type: Click or tap here to enter text.

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

Company: Click or tap here to enter text.

Supervisor or Contact Person: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Address: Click or tap here to enter text.

Job Title: Click or tap here to enter text.

Ending Wage: Click or tap here to enter text.

Responsibilities/ Duties: Click or tap here to enter text.

Dates of Employment: Click or tap to enter a date. To Click or tap to enter a date.

May we contact your previous supervisor for a reference? Choose an item.

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Explanation of employment gaps in last 5 years, if applicable: Click or tap here to enter text.

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**Military Service**

Branch: Click or tap here to enter text.

Rank at Discharge: Click or tap here to enter text.

Dates of Service: Click or tap to enter a date. To Click or tap to enter a date.

Type of Discharge, if you choose to disclose: Click or tap here to enter text.

**References**

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

Name: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Relationship: Click or tap here to enter text.

Additional Comments: Click or tap here to enter text.

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Phone Number: Click or tap here to enter text.

Relationship: Click or tap here to enter text.

Additional Comments: Click or tap here to enter text.

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Name: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Relationship: Click or tap here to enter text.

Additional Comments: Click or tap here to enter text.

**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: Click or tap here to enter text.

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

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