



# Swanson Center

LaPorte County's Complete Mental Health Resource

450 St. John Rd., Suite 501, Michigan City, IN 46360 ph: (219) 879-4621 fax: (219) 873-2388

1230 State Rd 2, Suite: B, LaPorte, IN 46350 ph: (219) 362-2145 fax: (219) 362-1143

## EMPLOYMENT APPLICATION

**NOTE:** Complete all necessary information. The application will not be accepted unless all pertinent information is provided. You may be asked to provide additional information on another form. This application will be kept on file for a period of ninety (90) days. Be sure to sign and date application.

Date		Referred by:	
Name (Last, First, MI)			Social Security #
Address		Apt#	City/State/Zip
Phone Home ( )		Cell ( )	E-mail
<p><i>Please circle</i></p> <p>Do you have a legal right to be employed in the United States?    Yes    No    <i>Note: If you answered "No" you must show documentation of legal residency.</i></p> <p>Are you 18 years or older?    Yes    No (if "No") age: _____    Birthdate: (mm/dd/yyyy)</p>			
<p><b>Position applying for:</b></p> <p>Available:    1<sup>st</sup> shift    2<sup>nd</sup> shift    3<sup>rd</sup> shift    Any _____    Have you ever been employed with Swanson Center?</p> <p>Would you accept Full-time work?    Yes    No    If yes, Date: _____</p> <p>Would you accept Part-time work?    Yes    No    Position held: _____</p> <p>Available:    Holidays    Weekends</p>			
Do you have a valid driver's license?    Yes    No		DL#	State
If considered for employment would you object to a driver's license check?    Yes    No			
Have you ever been arrested or convicted of a crime against the law (other than traffic violations)?    Yes    No			
If yes, please list the following information for each offense: _____			
Date: _____			
<i>NOTE: A conviction does not eliminate you from the application/job process. All applicants are subject to criminal background checks.</i>			
<b>EDUCATION</b>			
<u>School</u>	<u>Address/City</u>	<u>Degree/Diploma</u>	<u>#of years completed</u>
<u>High School</u>			9   10   11   12
<u>College</u>			
<u>Vocational</u>			
Certifications, Licensures, other (please include expiration dates on license):			

# PREVIOUS EMPLOYMENT

<b>Company Name</b>		<b>Address</b>
<b>Phone</b> (    )	<b>Employment dates</b> From                      To	<b>Supervisor Name</b>
<b>Responsibilities/Duties:</b>		
<b>Reason for leaving:</b>		<b>May we contact this employer?    Yes   No</b>

<b>Company Name</b>		<b>Address</b>
<b>Phone</b> (    )	<b>Employment dates</b> From                      To	<b>Supervisor Name</b>
<b>Responsibilities/Duties:</b>		
<b>Reason for leaving:</b>		<b>May we contact this employer?    Yes   No</b>

<b>Company Name</b>		<b>Address</b>
<b>Phone</b> (    )	<b>Employment dates</b> From                      To	<b>Supervisor Name</b>
<b>Responsibilities/Duties:</b>		
<b>Reason for leaving:</b>		<b>May we contact this employer?    Yes   No</b>

<b>Company Name</b>		<b>Address</b>
<b>Phone</b> (    )	<b>Employment dates</b> From                      To	<b>Supervisor Name</b>
<b>Responsibilities/Duties:</b>		
<b>Reason for leaving:</b>		<b>May we contact this employer?    Yes   No</b>

## PERSONAL REFERENCES (non-family members)

Name Address	Phone	Relationship
Name Address	Phone	Relationship
Name Address	Phone	Relationship
Name Address	Phone	Relationship

**By signing my signature, I certify that the information contained on this application is correct, accurate and complete to the best of my knowledge. I am aware that any false information provided will result in declination of my application with the Swanson Center.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION FOR BACKGROUND INVESTIGATION/ REFERENCE CHECK**

I, \_\_\_\_\_, do hereby authorize Swanson Center and it's designated  
(Print)  
representatives to conduct an appropriate background investigation including, but not limited to personal interviews for determination of my eligibility to obtain a position with confidential client information, drug screening, criminal background check, BMV record and educational records.

I authorize any person/institutions/agencies that may have information relative to this investigation to disclose same to the Swanson Center or its authorized representatives. By signing below further understand and wave my right of privacy in this pre-employment and/or any investigation during my employment and release and hold harmless the Swanson Center of any liability in this investigation.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_  
City state zip

Maiden Name: \_\_\_\_\_

Race: (optional) \_\_\_\_\_

Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City/ State of birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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**HUMAN RESOURCE USE ONLY**

Position applied for: \_\_\_\_\_ Company/Person Reference: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_

Title upon hiring: \_\_\_\_\_ Upon termination: \_\_\_\_\_

Quality of work: \_\_\_\_\_

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

Would you rehire?      YES                      NO