



1435 State St.  
New Haven CT 06511  
Phone (203) 498-4160  
Fax (203) 498-4165

### Application for Consumer Employment

SCBHN is an equal opportunity employer and seeks to hire persons with histories of mental illness or substance abuse in our programs. We expect that applicants with a history of substance abuse have been consistently sober for at least one year immediately prior to hiring. We will ask all applicants about criminal convictions, but keep in mind that a criminal history will not automatically disqualify an applicant.

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

Telephone: \_\_\_\_\_ E-mail address \_\_\_\_\_

What kind of work are you looking for? \_\_\_\_\_

Tell us about your previous employment or volunteer work:

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Tell us about any special skills or experience you may have:

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Why do you want to work in our programs?

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How far did you get in school? \_\_\_\_\_

Give us the name and phone number of someone we can talk to who knows your strengths and weakness. Tell us how you know this person.

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Everything I have said in this application is true and I agree that SCBHN can take reasonable steps to verify this information. If I am hired and SCBHN finds out that what I said isn't true, I may be terminated from all SCBHN employment. I am eligible to work in the United States and I can provide proof of my identity and legal status.

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