



GEMINUS
PARTNERING FOR THE FUTURE



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Geminus is the recruitment agency for Geminus Corporation, Geminus Head Start and Regional Mental Health Center. Your employment application will be considered for positions at all organizations unless specified. Please fill in all blanks on the form. If a question is not applicable, please enter "N/A." Please type or print in black ink.

First Name – Middle Name – Last Name				Date		Social Security Number	
Address	Street	City	State	Zip	Home Phone Number/Cell Number		
Position Desired			No. Hours/Week Desired				
Shift Preference		<input type="checkbox"/> Days	<input type="checkbox"/> Afternoons/Evenings	<input type="checkbox"/> Midnights			
Organization You Are Applying To (Check All That Apply)			<input type="checkbox"/> Geminus Corporation		<input type="checkbox"/> Geminus Head Start		<input type="checkbox"/> Regional Mental Health Center
Referred By:	<input type="checkbox"/> Employee Name		<input type="checkbox"/> Newspaper Name				
	<input type="checkbox"/> Website Name		<input type="checkbox"/> Other (please specify)				

Type of School	Name of School Location (City/State)	Dates of Attendance		No. of Semester Hours Completed	Graduated		Type of Diploma or Degree	Major Field of Study
		From	To		Yes	No		
High School					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
College or University					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
Technical or Vocational School					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		

Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please explain:			
Are you a U.S. citizen or legally entitled to work in the U.S. – Please provide your visa or alien registration number if applicable:			
Current licensures, certifications, registrations – include type, number, state (if applicable) and date received:			
Special skills and qualifications – list all special skills you possess, machines you can operate, any languages you speak, and other qualifications which are not listed elsewhere.			
Have you ever been employed by the Geminus Corporation, Geminus Head Start, Southlake Center for Mental Health, the Tri-City Community Mental Health Center or Regional Mental Health Center?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please give organization, position and dates.
Have you ever had a clinical license, registration or certification revoked or suspended, or have you voluntarily surrendered a clinical license, registration or certification, or is any such action pending?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please give details.

EMPLOYMENT – Please indicate at least the last 10 years of employment, beginning with the most recent. Include military service if applicable. Use additional sheets if necessary.

Employer/Address/Phone	Dates		Position/ Type of Work	Earnings		Supervisor
	From	To		Beginning	Ending	
Reason for Leaving:						
Reason for Leaving:						
Reason for Leaving:						

REFERENCES – Please list three individuals who we may contact who can speak to your professional competency, character and ethical behavior (NO PERSONAL REFERENCE, PLEASE)

Name	Occupation	Address	Relationship	Telephone Number

PLEASE READ THIS SECTION CAREFULLY BEFORE SIGNING YOUR APPLICATION: I certify that the answers given here are true and complete. I understand that if employed, misrepresentation or omission of facts will be cause for dismissal. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AND IN ANY OTHER INFORMATION SUBMITTED FOR THE PURPOSE OF SEEKING EMPLOYMENT, AND ANY OTHER INFORMATION RELATING TO MY ABILITY TO PERFORM THE JOB FOR WHICH I AM APPLYING. I hereby release any individual, agency, company or institution and all individuals connected therewith from all liability for any damage whatsoever in furnishing such information. I also understand that if I am not selected for the position indicated, this application will be retained for consideration for other positions for no longer than 12 months from the date of this application.

I further certify that I have never committed a felony. I declare that I have never knowingly violated applicable rules, regulations or laws in any previous employment in Head Start, mental health or related employment. I certify that I have never been convicted of a crime against a mentally ill or dependent person. If hired, I will be required to take and pass a drug test, and my continued employment will be subject to my ability to satisfactorily perform the duties and responsibilities of my position. I will also be required to produce documentation showing my eligibility for employment in the United States. I further understand that all job candidates will be reference checked for a criminal history through the Indiana State Police. History of criminal conviction will disqualify me from employment. I understand that the organizations reserve the right to change policies, benefits and conditions of employment. I further understand that if employed, no contractual relationship will exist between myself and the organization, and that I or the organization may terminate my employment at any time.

Applicant Signature _____

Date _____

****THE GEMINUS CORPORATION AND THE REGIONAL MENTAL HEALTH CENTER PROVIDE EQUAL ACCESS TO ALL PROGRAMS, INCLUDING EMPLOYMENT, TO ALL INDIVIDUALS REGARDLESS OF RACE, SEX, AGE, RELIGION, NATIONAL ORIGIN, OR DISABILITY, IN ACCORDANCE WITH ALL RELEVANT LAWS REGARDING EMPLOYMENT****