Mark A. Hackel
County Executive

COMMUNITY MENTAL HEALTH
ADMINISTRATION

22550 Hall Road ♦ Clinton Township, MI 48036
PHONE: 586-469-5275 FAX: 586-469-7674
www.mccmh.net

David Pankotai
Chief Executive Officer

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A CARF Accredited Organization

CMHA Community Mental Health Association of Michigan
MEMBER

Macomb County Human Resources & Labor Relations
1 S. Main, 6th Floor
Mt Clemens, MI 48043

As an employee, intern or volunteer of Macomb County Community Mental Health (MCCMH), I understand that a background check is required prior to becoming a team member and during my tenure. The conducted background checks include a criminal history, driving record, professional licensure and sanctions lists review to ensure compliance with all applicable policies, regulations and contract agreements.

MCCMH Current Role:

____ County Employee ____ ABO Contractual ____ Ind. Contractor
____ Volunteer ____ Medical Student ____ Other _____

Name _____
Last First M.I.

Other Names Used: _____

Birth Date _____ Race _____ Gender _____

Driver's License Number _____

Current Address _____

I hereby authorize a review and full disclosure of all records concerning myself to any representative of Macomb County to determine my eligibility for employment, internship participation, or volunteering. I understand that the above information is required by Macomb County to conduct the record search. I hereby authorize anyone contacted by Macomb County to furnish the information described on this form and agree to hold harmless from any and all liability Macomb County, the employees thereof, or any other person or organization that may provide such information.

_____ _____
Applicant Signature Date

_____ _____
Signature of Authorizing Representative Date

Form Date: 5/2019