



West Alabama Mental Health Center

Application for Employment



West Alabama Mental Health is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, disability, or any other protected category.

Date of Application: _____

Personal Information	Position Applying For: _____
Name: _____	
First	Middle Initial
Last	
Address: _____	
Street / P.O. Box	City
State	Zip
Telephone Numbers: Home (_____) - _____ - _____ Office/Cell (_____) - _____ - _____	
E-mail address: _____ Social Security Number: _____ - _____ - _____	

General Information

How were you referred to our organization? _____

Current Employee: (*Specify*) _____ Former Employee: (*Specify*) _____

Newspaper: (*Specify*) _____ Employment Agency: (*Specify*) _____

Other: (*Specify*) _____

Have you ever filed an application with us before? Yes___ No___ If yes, when: _____

Have you ever been employed with us before? Yes___ No___ If yes, when: _____

On what date would you be available for work? _____

Are you legally eligible for employment in the United States? Yes___ No___

Will you travel if the job requires it? Yes___ No___

Have you ever worked for a Community Health Center in Alabama? Yes___ No___ *If yes please provide name(s) of Center(s)* _____

Do you have any friends or relatives employed with our organization? Yes___ No___
If yes, give name(s) and relationship _____

Have you ever been discharged from a job? Yes___ No___ *If yes explain:* _____

Have you ever been convicted of a felony? Yes___ No___ (*Such record may be relevant if job related but does not bar you from employment*) *If yes, please explain:* _____

Employment History

Beginning with your present or most recent employment, list in reverse order your periods of employment. Each time you changed jobs or your title changed list a separate period.

Employer:	_____	Position:	_____
Address:	_____		
City:	_____	State:	_____
	_____	Zip:	_____
Telephone:	(_____) _____ - _____	May we contact?	Yes _____ No _____
Employment Period:	From _____	to _____	
Reason for Leaving:	_____		

Employer:	_____	Position:	_____
Address:	_____		
City:	_____	State:	_____
	_____	Zip:	_____
Telephone:	(_____) _____ - _____	May we contact?	Yes _____ No _____
Employment Period:	From _____	to _____	
Reason for Leaving:	_____		

Employer:	_____	Position:	_____
Address:	_____		
City:	_____	State:	_____
	_____	Zip:	_____
Telephone:	(_____) _____ - _____	May we contact?	Yes _____ No _____
Employment Period:	From _____	to _____	
Reason for Leaving:	_____		

Employer:	_____	Position:	_____
Address:	_____		
City:	_____	State:	_____
	_____	Zip:	_____
Telephone:	(_____) _____ - _____	May we contact?	Yes _____ No _____
Employment Period:	From _____	to _____	
Reason for Leaving:	_____		

This page may be copied in order to provide additional employment history.

CLINICAL AND / OR PROFESSIONAL LICENSE / CERTIFICATION

License Type: (MD, DO, LPC, LCSW, LPN, RN. etc.) _____ License Number _____

Date of Current License: From _____ to _____ State License Issued _____

Does current license require supervision? Yes ___ NO ___ Current Supervisor _____

CLINICAL AND / OR PROFESSIONAL LICENSE / CERTIFICATION

License Type: (MD, DO, LPC, LCSW, LPN, RN. etc.) _____ License Number _____

Date of Current License: From _____ to _____ State License Issued _____

Does current license require supervision? Yes ___ NO ___ Current Supervisor _____

Additional Qualifications, Professional Membership, and Comments

Please sign any comments or qualifications noted in this section

Signature: _____ *Date* _____

References: *List three references below; do not include relatives or a WAMHC employee.*

1. _____ Name _____ Address	Occupation: _____ (____) _____ - _____ Telephone Number
2. _____ Name _____ Address	Occupation: _____ (____) _____ - _____ Telephone Number
3. _____ Name _____ Address	Occupation: _____ (____) _____ - _____ Telephone Number

Education

Type	Name	Address	Degree/ Diploma (B.S., B.A., M.S., M.A., PhD, etc.)
High School			
Jr. College			
Technical College			
College/University			
College/University			
College/University			

Application Statement and Agreement

I understand that the employer follows an employment at will policy in that I or the employer may terminate my employment at any time in accordance with applicable West Alabama Mental Health Board, Inc. policies and procedures; and that such policy cannot be changed either verbally or in writing except by written authorization of the Executive Director of this organization. I understand that this application is not a contract for employment. I understand that Federal Law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment; I understand that this application will be active for a period of one year from the date of application; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that employer will thoroughly investigate my work and personal history and verify all information given on this application, or related papers and in interviews. I authorize all individuals, schools and firms named therein unless otherwise noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

As a condition of employment, I understand that I will be required to submit to a drug testing process which will be paid for by the West Alabama Mental Health Board, Inc., its agents, servants, employees, representatives, and any person or entity which conducts or provides information pursuant to the drug testing process and the criminal background check relating to the employment process, from any liability, claims, actions, or causes of action which may result directly or indirectly from the use of information derived there from in the employment process.

I certify that all the statements herein are true and understand that any falsification or willful omission of facts in this application shall be sufficient cause for refusal of employment:

Signature: _____ **Date:** _____

Thank you for your interest in employment with our organization. We assure you that we are sincerely interested in your qualifications. Qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, marital status or handicap. This application will be treated in a secure and confidential manner.