



West Alabama Mental Health Center



APPLICATION FOR EMPLOYMENT

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 (_____) _____ - _____

Social Security Number: _____ - _____ - _____ Salary Requirement: \$ _____ hr yr mth

e-mail address _____

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 as a separate period.

Employer: _____ Address: _____

Position: _____ Employment Period: From _____ to _____

Salary: \$ _____ hr yr mth Reason for Leaving: _____

Telephone: (_____) _____ - _____ May we contact this employer? Yes No

Employer: _____ Address: _____

Position: _____ Employment Period: From _____ to _____

Salary: \$ _____ hr yr mth Reason for Leaving: _____

Telephone: (_____) _____ - _____ May we contact this employer? Yes No

For Agency Use Only:

NE EA PE

C: _____ IN: _____ RE: AM LM NA SW _____

C: _____ IN: _____ RE: AM LM NA SW _____

Employment History *(continued)*:

Employer: _____ Address: _____
Position: _____ Employment Period: From _____ to _____
Salary: \$ _____ hr yr mth Reason for Leaving: _____
Telephone: (____) _____-_____ May we contact this employer? Yes No

Employer: _____ Address: _____
Position: _____ Employment Period: From _____ to _____
Salary: \$ _____ hr yr mth Reason for Leaving: _____
Telephone: (____) _____-_____ May we contact this employer? Yes No

Employer: _____ Address: _____
Position: _____ Employment Period: From _____ to _____
Salary: \$ _____ hr yr mth Reason for Leaving: _____
Telephone: (____) _____-_____ May we contact this employer? Yes No

Education

<u>Type</u>	<u>Name and Location</u>	<u>Degree/Diploma</u>
High School	_____	_____
Jr. College	_____	_____
Technical College	_____	_____
College/University	_____	_____
College/University	_____	_____
College/University	_____	_____

Please note any special academic achievements received: _____

References

Please list three references below, do not include relatives or a WAMHC Staff Member:

	<u>Name</u>	<u>Address</u>	<u>Telephone#</u>	<u>Occupation</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

General Information

How were you referred to our organization:

- Current Employee *Specify:* _____
- Former Employee *Specify:* _____
- Newspaper *Specify:* _____
- Employment Agency *Specify:* _____
- Other *Specify:* _____

Do you have any relatives employed with our organization? : Yes No
If yes, who? _____

Have you ever been discharged from a job? Yes No
If yes, explain: _____

Have you ever been convicted of a felony? Yes No
If yes, explain: _____

Please list any licenses, professional memberships, etc, that would be relevant to your application for employment:

Applicant's 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 the 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 and will be in accordance with the policies of the board. I hereby release and forever discharge 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:

Your 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, age, marital status or handicap. This application will be treated in a secure and confidential manner.

Additional Qualifications and Comments

Please sign any comments or qualifications noted in this section
