

CALHOUN-CLEBURNE MENTAL HEALTH BOARD, INC.

P. O. Box 2205 — Anniston, Alabama 36202

APPLICATION FOR EMPLOYMENT
(ALL INFORMATION TREATED CONFIDENTIAL)

We are an Equal Opportunity Employer - No Applicant or Employee shall be discriminated against by reason of Race, Sex, Age, Religion, Color, National Origin, Citizenship, Disability or Veteran's Status

POSITION(S) APPLIED FOR _____ DATE _____

NAME _____

ADDRESS _____ CITY/STATE _____ RESIDENCE _____
CELL _____

HAVE YOU EVER WORKED FOR THIS ORGANIZATION: YES NO IF YES, GIVE DATE _____

MILITARY SERVICE? YES NO DATE ENTERED _____ DATE DISCHARGED _____

CAN YOU PROVIDE PROOF THAT YOU ARE ELIGIBLE TO WORK IN THE UNITED STATE? YES NO

ARE YOU AVAILABLE TO WORK FULL-TIME PART-TIME SHIFT WORK OVER-TIME

IF THERE ARE ANY HOURS YOU ARE UNWILLING TO WORK, WHAT ARE THEY? _____

ARE YOU ON A LAY-OFF AND SUBJECT TO RECALL? YES NO

CAN YOU TRAVEL IF THE JOB REQUIRES IT? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, GIVE A FULL EXPLANATION

(CONVICTION DOES NOT AUTOMATICALLY DISQUALIFY AN APPLICANT)

SHORTHAND SPEED _____ W.P.M. TYPING SPEED _____ W.P.M.

LIST OFFICE MACHINES YOU OPERATE _____

DO YOU HAVE A VALID STATE OF ALABAMA DRIVER'S LICENSE? YES NO

LICENSE NUMBER _____

HAVE YOU HAD A MOVING VIOLATION OR ACCIDENT WITHIN THE PAST FIVE YEARS? YES NO
IF YES, DESCRIBE _____

APPLICANTS FOR PROFESSIONAL POSITIONS:

PHYSICIAN: ALABAMA LICENSE NUMBER _____ MEDICARE/MEDICAID NUMBER _____

OTHER STATE LICENSE NUMBERS _____

PSYCHOLOGIST, MSW, COUNSELOR, NURSE, LPN, PHARMACIST: LICENSE NUMBER _____

STATE _____ ELIGIBLE FOR LICENSE _____

EDUCATION:

TYPE OF SCHOOL	NAME OF SCHOOL CITY AND STATE	YEARS COMPLETED	GRADUATED		SPECIFY DEGREE
			YES	NO	
HIGH SCHOOL					
COLLEGE OR UNIVERSITY					
OTHER (SPECIFY)					

WHAT WAS YOUR MAJOR FIELD OF STUDY? _____

PERSONAL REFERENCES (NOT RELATIVES OR FORMER EMPLOYEES):

NAME	ADDRESS	OCCUPATION	PHONE

EMPLOYMENT HISTORY (LIST IN REVERSE ORDER - LAST JOB FIRST)

IF YOU HAVE ANY GAPS BETWEEN EMPLOYMENT, PLEASE PROVIDE — FULL EXPLANATION FOR THAT GAP IN EMPLOYMENT

EMPLOYED MO YR		EMPLOYER	POSITION/ SUPERVISOR	RATE OF PAY HR WK MO	REASON FOR LEAVING
FROM		NAME	POSITION HELD	STARTING	
TO		ADDRESS	SUPERVISOR	LEAVING	
FROM		NAME	POSITION HELD	STARTING	
TO		ADDRESS	SUPERVISOR	LEAVING	
FROM		NAME	POSITION HELD	STARTING	
TO		ADDRESS	SUPERVISOR	LEAVING	

SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE:

ARE YOU PRESENTLY EMPLOYED? YES NO **MAY WE CONTACT PRESENT EMPLOYER?** YES NO

WHEN COULD YOU BEGIN WORK? _____

LIST ANY REASON KNOWN TO YOU WHY YOU MIGHT BE UNABLE TO PERFORM THE DUTIES AND RESPONSIBILITIES OF THE JOB? _____

I UNDERSTAND AND AGREE THAT:

1. The information given in this application is given of my own free will and accord and is true and correct to the best of my knowledge and belief. I understand that my responses to all questions on this application and during the entire application process are being relied upon by Calhoun-Cleburne Mental Health Board in making its hiring decision. Any material misrepresentation or deliberate omission of requested information in my application may be justification for refusal of, or if employed, termination from employment.
2. An incomplete application will not be considered.
3. This is my express permission for the Calhoun-Cleburne Mental Health Board to contact prior employers to obtain any and all information related to my past work performance. It is my understanding that the Calhoun-Cleburne Mental Health Board will make a thorough investigation of my work and personal history and may verify all data given in my application for employment, related papers or oral interviews.
4. My employment may be terminated by the Calhoun-Cleburne Mental Health Board at any time without liability for wages or salary except such as may have been earned at the date of such termination.
5. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule or a work schedule other than Monday through Friday.
6. I understand that if offered employment, my employment may be contingent upon the results of a physical examination at the request of Calhoun-Cleburne Mental Health Board. I consent to such an examination and to the release of the information from the examination to the Mental Health Board. I also consent to submit to periodic physical examinations or blood tests as an employee of the Mental Health Board.
7. All job applicants of this Board will undergo testing for the presence of illegal drugs as a condition of employment. Any applicant with a confirmed positive test result will be denied employment. This Board will not discriminate against applicants for employment because of a past history of drug abuse. Therefore, individuals who have failed a re-employment test may initiate another inquiry with the Board after a period of no less than six months, but must present themselves drug-free.

I further understand that this is an application for employment and that no employment contract is being offered.

I understand that if I am employed, such employment is for an indefinite period of time and that the Board can change wages, benefits and conditions at any time.

DATE

SIGNATURE

APPLICATIONS ARE KEPT ON FILE FOR 6 MONTHS