



Southwest Mississippi Mental Health Complex
 PO Box 768 (1701 White Street)
 McComb, MS 39649-0768
 PH. (601) 684-2173

APPLICATION for Employment

Applicants for all positions will be considered without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Applicant Information

Please Print.

Position Applied for

Date of Application

How did you learn about us?

- Classified Advertisement Friend Inquiry
 Employment Agency Relative Other

Full Name:

Last

First

Middle Name

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone: ()

E-mail Address:

Date Available:

Social Security No.:

Desired Salary:

\$

Are you at least 18 years of age or older? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever completed an application with us before? YES NO If yes, when?

Have you ever been employed with SMMHC before? YES NO If yes, give date and work area

Do you have friends or relatives, other than spouse, employed here? YES NO If yes, state name, relationship and location

Are you currently employed? YES NO May we contact your present employer? YES NO

Full Time (Please indicate 1 2 Weekend shift)

Part Time (Please indicate Mornings Afternoon Evenings)

Temporary (Please indicate date available)

Are you available to work:

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Proof of citizenship or immigration status will be required upon employment.

YES NO Are you currently on "lay-off" status and subject to recall: YES NO

Can you travel if a job requires it? YES NO Have you ever been convicted of a crime? YES NO

Are there any felony charges pending against you? YES NO

Education

High School:

Address:

From: To: Did you graduate? YES NO Course of Study:

Undergraduate College:

Address:

From: To: Did you graduate? YES NO Course of Study & Degree:

Graduate/ Professional:

Address:

From: To: Did you graduate? YES NO Course of Study & Degree:

Other (Specify):

Address:

From: To: Did you graduate? YES NO Course of Study & Degree:

Work Experience

Employer: _____ Phone: () _____

Address: _____ Supervisor: _____

Starting Position/
Last Position _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Employer: _____ Phone: () _____

Address: _____ Supervisor: _____

Starting Position/
Last Position _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Employer: _____ Phone: () _____

Address: _____ Supervisor: _____

Starting Position/
Last Position _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra curricular activities.

Describe any job related training received in the United State military.

List professional, trade, business, or civic activities and offices held.

Additional Information

Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Transcription	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	<input type="checkbox"/> Fax Machine	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	<input type="checkbox"/> Forklift	_____

State any additional information you feel may be helpful to us in considering your application.

NOTE TO APPLICANTS:

Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing the job in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

Personal/ Professional References

Do not include family members or past supervisors.

Full Name:	Years Acquainted:
_____	_____

Company:	Phone: ()
_____	_____

Full Name:	Years Acquainted:
_____	_____

Company:	Phone: ()
_____	_____

Full Name:	Years Acquainted:
_____	_____

Company:	Phone: ()
_____	_____

Applicant's Statement

I certify that the answers given are true and complete.

I authorize investigation of all statement contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I, understand, also, that I am required to abide by al rues and regulations of the employer.

Signature of Applicant _____ Date _____

EQUAL OPPORTUNITY EMPLOYER



SOUTHWEST MISSISSIPPI MENTAL HEALTH COMPLEX

1701 White Street · McComb, MS 39648 · (601) 684-2173 · FAX (601) 249-4234

RELEASE TO OBTAIN INFORMATION FOR EMPLOYMENT

I hereby give my permission for the Southwest Mississippi Mental Health Complex to obtain information regarding my driving record, criminal record, workers' compensation record and Child/ Adult Abuse registry. I understand that this information will be used to determine employability and will not be used for any other purpose, except that my driving record may be released to the insurance carrier for the Complex. This information will be placed in my personnel folder and will be kept confidential.

Applicant Signature	Date	Print Full Name
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Social Security #	Date of Birth	Driver's License #
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Current Street Address	Phone Number
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City

State	ZIP
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