



HINDS BEHAVIORAL HEALTH SERVICES

P.O. Box 7777 Jackson, Mississippi 39284 Phone 601-321-2400 Fax 601-321-2476

APPLICATION FOR EMPLOYMENT

Hinds Behavioral Health Services offers equal employment opportunity for employment to all applicants without regard to race, color, religion, sex, national origin, disability, age or military status.

PERSONAL INFORMATION

Date _____ Social Security Number _____

Name _____
Last First Middle

Present Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Phone No. _____ Alternate Phone _____ Cell _____

Referred By _____ Are you 18 years of age or older? yes no

Email _____

Do you have anyone related to you working here? If yes, who _____

Why are you seeking employment at Hinds Behavioral Health Services? _____

Have you ever been discharged or requested to resign from your job? Yes No What Company? _____

If so, explain _____

Have you ever been convicted of a misdemeanor or felony, to include a violation of the narcotic drug law or child abuse? Yes No

If so, explain _____

LAST

FIRST

MIDDLE

EMPLOYMENT DESIRED

Position _____ Date You Can Start _____ Salary Desired _____

Are you employed now? yes no If so may we inquire of your present employer? yes no

Ever applied to this company before? yes no Where? _____ When? _____

EDUCATION

Name and Location of School	Circle last year completed	Did you graduate?	Degree Received	Year Graduated
High School / GED	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
University / College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trade, Business or Correspondence School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		

TRAINING/CERTIFICATIONS

- CPR - Cardio Pulmonary Reassessment Certification current
- CPI - Crisis Prevention and Intervention Certification current
- TP - Tuberculous Injections current

Received	Renewal Date	Verification Date
<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No

FORMER EMPLOYERS List below your last four employers, starting with the last one first.

Date Month and Year	Name and Address of Employer	HR/Contact Telephone #'s	Salary (upon leaving)	Title	Reason for leaving
From					
To					
From					
To					
From					
To					
From					
To					

LICENSING/CREDENTIALING List all mental health related licensing and credentialing.

Type	Date Received	Date Renewal Due
1		
2		

REFERENCES List below three person not related to you, whom you have know at least one year.

Name	Address	Position	Years Acquainted
1			
2			
3			

IMPORTANT! GIVE NAME AND ADDRESS OF PERSON TO NOTIFY IN CASE OF EMERGENCY.

Name: _____ Relationship _____

Phone: _____ Address: _____

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand than any employment is conditioned a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising our of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies and procedures, in whole or in part, at any time.

If you are hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

Date _____ Signature _____