

LIFE HELP

Region VI Mental Health - Mental Retardation Center

(662) 453-6211 • FAX (662) 451-5897 • 2504 Browning Road • Post Office Box 1505 • Greenwood, MS 38935-1505

EMPLOYMENT APPLICATION

[An equal opportunity employer]

Position you are applying for _____

Incomplete applications will not be considered; all questions must be answered completely.

PERSONAL INFORMATION

Print clearly

DATE _____

Name _____
Last First Middle/Maiden Name

Present Address _____
Street Address Mailing Address (if different)

City State Zip

Telephone Numbers _____
Home Cellular (Other)

Date available for employment _____

Are you legally eligible for employment in the United States? Yes No

Are you related to a Life Help employee? Yes No

Employee's name and position _____

Have you previously filed an application with Life Help? Yes No Date _____

Have you previously been employed by or offered employment by Life Help? Yes No If yes, in what position: _____

From _____ to _____

REFERENCES

Provide the names of three (3) individuals not related to you, who can provide information on your job performance and/or character. If applicable, at least one reference must be a former employer. As a condition of employment, three signed letters of reference (at least one letter from a former employer or, if you have never held a job, a former teacher) on letterhead will be required.

Name of Reference (Include title, position and company name if applicable)	Complete Address (Street, P.O., City, State, Zip)	Telephone Number	Nature of Relationship (Former employer, Neighbor, Minister, Teacher, Friend, etc.)	How long have you known this person?

EDUCATION

College transcripts, and/or a copy of high school diploma/GED will be required if an interview is scheduled.

Level of Education	Name of School or University	State	Type of Degree or Highest Grade Completed	Field of Study (College Major)
High School or GED				
College/University				
College/University				
College/University				
Other - Specify				

LICENSURE/CERTIFICATION

List all currently held licensure/certification information. (Professional licensure and certifications, commercial driver's license, CPR and others relevant to the position you are seeking)

How did you become interested in employment with Life Help:

- Advertisement
- College Placement Office/Web Site
- Job Fair
- Referred by: _____ (name)
- Other: _____ (explain)

EMPLOYMENT HISTORY

Begin with your most recent position and include the four most recent employers. Complete information is required. **A resume may not be substituted.** Explain any breaks in employment dates of more than three months.

Date ____/____/____ to ____/____/____

Position Title _____ Salary/Wages _____ per _____

Employer/Firm _____ Description of Work _____

Address _____

Number of hours worked per week _____ Reason for leaving _____

Supervisor _____

Phone _____

Date ____/____/____ to ____/____/____

Position Title _____ Salary/Wages _____ per _____

Employer/Firm _____ Description of Work _____

Address _____

Number of hours worked per week _____ Reason for leaving _____

Supervisor _____

Phone _____

Date ____/____/____ to ____/____/____

Position Title _____ Salary/Wages _____ per _____

Employer/Firm _____ Description of Work _____

Address _____

Number of hours worked per week _____ Reason for leaving _____

Supervisor _____

Phone _____

Date ____/____/____ to ____/____/____

Position Title _____ Salary/Wages _____ per _____

Employer/Firm _____ Description of Work _____

Address _____

Number of hours worked per week _____ Reason for leaving _____

Supervisor _____

Phone _____

Have you ever been convicted or pled guilty or no-contest to a criminal offense other than a traffic violation? _____ Yes _____ No

If yes, explain _____

I hereby affirm that my answers to the foregoing questions are true and correct, and that I have not knowingly withheld any facts or circumstances that might, if disclosed, affect my application unfavorably. I understand that if Life Help discovers information I have misrepresented or withheld from this application that my employment is subject to termination. I hereby authorize all my previous employers, references or any other person or entity Life Help may contact to furnish any information concerning my personal character, habits, employment records, and perform a criminal background check. I hereby release all such persons from liability or damages incurred as a result of inquiry and furnishing this information.

This application will be given consideration, but its receipt does not imply that the applicant will be employed. I understand that if I am offered and accept a job, Life Help reserves and retains the right to make such changes in the terms and conditions of my employment as Life Help determines to be necessary or appropriate.

In consideration of my potential employment, I agree to conform to the rules of Life Help. I understand that any future employment is not for any guaranteed length of time and that both Life Help and I have the freedom to terminate the employment relationship for any reason whenever either chooses to do so.

I hereby acknowledge that I have read the foregoing and understand the same.

Signature _____ Date _____

Applicant please do not write below this line.

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Interviewed by: _____ Date: _____

Position: _____

Please return application and any completed interview forms to Human Resources if applicant is not recommended for hire.

Interviewed by: _____ Date: _____

Position: _____

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