

**DELTA COMMUNITY MENTAL HEALTH SERVICES**

P.O. Box 5365  
Greenville, MS 38701

1654 East Union St.

We are an  
Equal Opportunity Employer

**APPLICATION FOR EMPLOYMENT**

Date \_\_\_\_\_ **PERSONAL INFORMATION** Social Security No. \_\_\_\_\_

**NAME** \_\_\_\_\_  
Last First Middle (If married female, list maiden name here)

**Home Address** \_\_\_\_\_  
No. Street City State Zip Phone \_\_\_\_\_

List any special activities or interests other than religious (Civic, Athletic, Fraternal, etc.) \_\_\_\_\_

(Do not list organizations whose names indicate race, creed, color, or national origin of members)

**EMPLOYMENT DESIRED**

Position \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary desired \_\_\_\_\_ per \_\_\_\_\_

Do you want to work full-time? \_\_\_\_\_ Part-time? \_\_\_\_\_ If, part-time, list days and hours \_\_\_\_\_

Are you working now? \_\_\_\_\_ Have you applied here before? \_\_\_\_\_ List any relatives or friends working for this mental health center \_\_\_\_\_

What kind of transportation will you use to get to work? \_\_\_\_\_

List any special skills that would help you in your work for this mental health center \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

**EDUCATION**

| Type of School  | School Name and Address | Courses studied  | Circle Last Year Completed |   |   |   | Did you Graduate<br>Yes _____<br>No _____ | Degree or Diploma & Date Rec'd |
|-----------------|-------------------------|------------------|----------------------------|---|---|---|---|--------------------------------|
|                 |                         |                  | 5                          | 6 | 7 | 8 |   |                                |
| Elementary      | _____                   | <del>_____</del> |                            |   |   |   | Yes _____<br>No _____                     | <del>_____</del>               |
| High            | _____                   |                  | 1                          | 2 | 3 | 4 | Yes _____<br>No _____                     |                                |
| College         | _____                   |                  | 1                          | 2 | 3 | 4 | Yes _____<br>No _____                     |                                |
| Other (Specify) | _____                   |                  | 1                          | 2 | 3 | 4 | Yes _____<br>No _____                     |                                |

**FORMER EMPLOYERS**

List last five employers, starting with last one first.

| Emp. No.  | Name & Address of Company & Type of Bus. | From |    | To |    | Position and Duties | Salary | Reason for Leaving | Name of Supervisor |
|-----------|--|------|----|----|----|---------------------|--------|--------------------|--------------------|
|           |  | Mo   | Yr | Mo | Yr |                     |        |                    |                    |
| I.        | _____                                    |      |    |    |    |                     |        |                    |                    |
| Telephone | _____                                    |      |    |    |    |                     |        |                    |                    |
| II.       | _____                                    |      |    |    |    |                     |        |                    |                    |
| Telephone | _____                                    |      |    |    |    |                     |        |                    |                    |
| III.      | _____                                    |      |    |    |    |                     |        |                    |                    |
| Telephone | _____                                    |      |    |    |    |                     |        |                    |                    |
| IV.       | _____                                    |      |    |    |    |                     |        |                    |                    |

(Not former employers or relatives)

| Name and occupation | Address & Telephone No. | Years Acquainted |
|---------------------|-------------------------|------------------|
| A. _____            | _____                   | _____            |
| B. _____            | _____                   | _____            |
| C. _____            | _____                   | _____            |

**MILITARY SERVICE**

Have you been in the U.S. armed forces? \_\_\_\_\_ If yes, what branch \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rank at discharge \_\_\_\_\_ Duties while in the service: \_\_\_\_\_

List any training received under G.I. Bill Of Rights \_\_\_\_\_

Are you in the National Guard or a Reserve unit? \_\_\_\_\_ If yes, which \_\_\_\_\_

**APPLICANT'S STATEMENT**

The facts set forth in this application are true and complete. I authorize investigation of all statements herein and understand that if I am employed, false statements on this application will be cause for dismissal. I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my salary, be terminated at any time without any previous notice.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**APPLICANTS SHOULD NOT WRITE BELOW THIS POINT. THE REMAINDER OF THIS FORM IS FOR THE USE OF THE INTERVIEWER.**

**INTERVIEWER COMMENTS**

Interviewed By

Date

Comments

**REFERENCES CHECK**