



We create health and wellness in our communities by providing quality mental health, substance abuse, and developmental disability services.

APPLICANT INFORMATION

Last Name				First			M.I.		Date	
Street Address							Apartment#			
City				State			ZIP			
Phone				E-mail Address						
Date Available				Social Security No.			Desired Salary			
Position Applying for										

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, why are you pursuing a change?		
Have you ever been dismissed from a State of Georgia position, or any other employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please attach explanation.		

EDUCATION

High School				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			

Have you completed any special courses, seminars, and/or training that would enable you to perform the duties for the position for which you are applying?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:	
Do you have academic honors, extracurricular activities, offices held, etc.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain	

KNOWLEDGE, SKILLS AND ABILITIES

Organization Skills: Ability to prioritize duties	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Ability to type at a proficient level and speed : __ ____wpm	
Computer Skills: Proficient in Microsoft Office	Word <input type="checkbox"/>	Excel <input type="checkbox"/>	Power Point <input type="checkbox"/>	Outlook Express <input type="checkbox"/>
	Access <input type="checkbox"/>		Knowledge of Customer Service	YES <input type="checkbox"/> NO <input type="checkbox"/>

LICENSES OR CERTIFICATIONS

Type of License/Certificate	License/Certificate	Expiration (Mo/Yr)	
Valid Driver's License			DOB:
Current Commercial Driver's License (CDL) Class: A (<input type="checkbox"/>) B(<input type="checkbox"/>) C(<input type="checkbox"/>)			
Other Professional License/Certificate			

EMPLOYMENT – BEGIN WITH PRESENT OR MOST RECENT EMPLOYER

Company		Phone	
Address		Supervisor	
Job Title		Starting Salary	\$
			Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title		Starting Salary	\$
			Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company					Phone		
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone		
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone		
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone		
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone		
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

WORK REFERENCES --- List three professional references

Name	Occupation
Full Address (Including Street, City, State & Zip) Street City State	Telephone Number:
Name	Occupation
Full Address (Including Street, City, State & Zip) Street City State	Telephone Number:
Name	Occupation
Full Address (Including Street, City, State & Zip) Street City State	Telephone Number:

DISCLAIMER AND SIGNATURE

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this application for employment can be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice. I authorize the agency to obtain a 7 year Motor Vehicle Report. I understand the results of the report may determine the continuation of the application process.

Signature		Date	
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Applicants will receive consideration for positions without regard to race, color, religion, age, sex, sexual orientation, marital status or individuals with disabilities.

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The information you give in this section is optional. It is used by the agency to comply with Federal guidelines by monitoring their equal employment efforts.

Ethnic Background: <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> White, Not of Hispanic origin <input type="checkbox"/> Black, Not of Hispanic origin <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Multi-racial	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _ / _ / _
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