

USE BLACK INK. INCOMPLETE APPLICATION FORMS WILL NOT BE CONSIDERED. Date: _____

PERSONAL

Name: _____
(Last) (First) (Middle Initial)

Current Address: _____
(Street) (City) (State) (Zip)

Telephone Number: (Home) _____ (Alt) _____ (Work) _____

Previous Address: _____
(Street) (City) (State) (Zip)

How long at current address? _____ Are you at least 18 years of age? Yes No

Are you attending or planning to attend college? Yes No If yes, where? _____ When? _____

School schedule: _____

Will you be engaged in any other work, business or school if employed here? Yes No

If yes, explain: _____

Have you ever been convicted of a DUI, any crime, entered a plea of nolo contendere or forfeited a bond? Yes No

If yes, Felony Misdemeanor (Conviction is not an automatic bar to employment. All circumstances will be considered. Falsification of application is grounds for termination.) Explain: _____

Are you legally authorized to work in the United States? Yes No



Pine Belt
MENTAL HEALTHCARE RESOURCES

EMPLOYMENT

A P P L I C A T I O N

P.O. Box 1030 Hattiesburg, MS 39403-1030

An Equal Opportunity Employer

AVAILABILITY AND GENERAL

Full Time Part Time Desired Position: _____
Wage or Salary Required: _____ Date available for work: _____
May we contact your current employer? Yes No Work Availability: Day Evening Night Weekend
Have you previously worked for Pine Belt Mental Healthcare Resources? Yes No
If yes, when? _____
Name used during previous employment with PBMHR: _____ Previous PBMHR position: _____
Have you previously applied for a position at PBMHR? Yes No
If yes, when: _____
Is there any reason why you cannot attend work regularly? Yes No
If yes, explain: _____

If the position you are applying for requires use of transportation as an essential part of the job, will transportation be a problem?
 Yes No Explain: _____

Will you be able to work overtime, weekends, or holidays if required? Yes No Explain: _____
Describe any special skills or aptitudes that you feel qualify you for the position for which you are applying: _____

Why do you desire a change from your current position? _____

Who referred you to Pine Belt? _____ PBMHR employee? Yes No

Newspaper or Periodical, please indicate name: _____

County Preference (Check all that apply):

- | | | |
|------------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Covington | <input type="checkbox"/> Jeff Davis | <input type="checkbox"/> Marion |
| <input type="checkbox"/> Forrest | <input type="checkbox"/> Jones | <input type="checkbox"/> Perry |
| <input type="checkbox"/> Greene | <input type="checkbox"/> Lamar | <input type="checkbox"/> Wayne |

Do you speak a foreign language fluently? Yes No

If yes, specify language: _____

Do you read this language? Yes No Do you write this language? Yes No

EDUCATION

Do you have a HS Diploma or Equivalent? Yes No

Check Degree **OBTAINED:**

- Bachelors Major: _____
Name of School: _____
Location: _____
- Masters Major: _____
Name of School: _____
Location: _____
- Doctorate Major: _____
Name of School: _____
Location: _____
- Other Major: _____
Name of School: _____
Location: _____
-

MILITARY SERVICE (DD214 must be attached)

BRANCH	DATE OF ENTRY	DATE OF DISCHARGE	RANK AT DISCHARGE
_____	_____	_____	_____

PROFESSIONAL LICENSURE AND/OR CERTIFICATION(S)

TYPE DATE	STATE ISSUED	NUMBER	DATE ISSUED	EXPIRATION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

APPLICATION QUESTIONNAIRE

Please complete as part of your application.

1. Tell us a little about yourself. _____

2. How did you become interested in Mental Health as a career? _____

3. What is your knowledge of Pine Belt Mental Healthcare Resources? _____

4. Why did you apply for a job at PBMHR? What brings you to us? _____

5. What do you think of when you hear the phrase Mental Health? _____

6. What is the difference between mental health and developmental disability? _____

7. What do you think are the responsibilities of the position you are applying for? _____

8. What is your basic career goal? _____

9. What is your basic education goal or plan? _____

10. If planning on returning to school, how will you manage your time between this job and school? _____

11. If planning night school, have you spoken with university to see if a night schedule is an option? Yes No
12. Tell us about your present or most recent position/job. _____

13. What suggestion would you have that would have improved the work life of your last position? _____

14. Tell us how you perform under pressure and give us an example of a work situation where you have had to perform under pressure. _____

15. What was your hardest job and why? _____

16. How do you handle conflict between staff members? Please give an example. _____

17. What do you feel are some of your personal strengths? _____

18. What do you feel are some of your areas that need improvement? _____

19. What are your assets that will assist you in the performance of the job for which you have applied? _____

REFERENCES

Please list three business or professional persons who can attest to your work capabilities (no relatives or employers)

NAME	ADDRESS	TELEPHONE	OCCUPATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WORK EXPERIENCE

Begin with most current. **All areas must be completed** even if resume attached.

Employer: _____ Job Title: _____
Address: _____ Telephone: _____
 Full Time Part Time Dates employed: _____ To _____ Name used: _____
Name and Title of Direct Supervisor: _____
Duties: _____
Salary: _____
Reason for Termination: _____

Employer: _____ Job Title: _____
Address: _____ Telephone: _____
 Full Time Part Time Dates employed: _____ To _____ Name used: _____
Name and Title of Direct Supervisor: _____
Duties: _____
Salary: _____
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Employer: _____ Job Title: _____
Address: _____ Telephone: _____
 Full Time Part Time Dates employed: _____ To _____ Name used: _____
Name and Title of Direct Supervisor: _____
Duties: _____
Salary: _____
Reason for Termination: _____

Please explain any period of unemployment: _____

Have you worked any other jobs that you have not listed on this application? Yes No If yes, please list names of companies worked for and dates of employment: _____

Have you ever been disciplined, terminated or asked to resign from a job? Yes No If yes, explain: _____

Is there any past employment that is not included in this application? Yes No If yes, explain: _____

In the event of emergency, please notify the following person:

NAME	ADDRESS	TELEPHONE	RELATIONSHIP
_____	_____	_____	_____

I hereby affirm that my responses to questions on this application are true and correct. I understand that misrepresentation or omission of facts may be cause for immediate dismissal. By my signature below, I hereby authorize PBMHR to conduct any investigation it deems appropriate and hereby authorize and request former employers, personal references, schools and law enforcement agencies to release any information that may be sought in connection with this application.

Signature _____ Date _____