



Providing Comprehensive Community Mental Health Care To The People of North Mississippi
152 Highway 7 South Oxford, Mississippi 38655 Phone: 662-234-7521 Fax: 662-236-3071

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

It is the policy of Communicare to comply with all applicable federal, state, and local laws prohibiting discrimination in employment based on race, color, gender, national origin, age, disability, veteran status, genetic information or any other protected status under federal, state, or local laws.

Position Applied for: _____ DATE: _____

Last Name First Name Middle

Present Address Street City State Zip

Phone Number Alternate Phone Number

E-mail Address

Social Security Number

Salary required: _____ Days/Shifts Available: _____

For Driving Jobs Only: Do you have a valid driver's license? Yes or No

Have you ever pled guilty or nolo contendere, (no contest), or been convicted of a crime, including misdemeanors, "driving under the influence (DUI)", and/or "driving while intoxicated (DWI)", but excluding minor traffic violations? Yes No
If yes, explain briefly and provide date of offense:

Driver's License #	State of Issue:	Expiration Date:
Automobile Insurance Carrier:	Traffic violations (tickets, accidents, etc.) for the past five 5 years:	
Note: Driving records will be verified. Applicants for positions requiring extensive driving of personal vehicles or driving of Communicare vans must receive acceptance by our automobile insurance carrier prior to employment.		

Have you previously been employed by Communicare? Yes or No

Have you ever been employed by any Department of Mental Health Facility? Yes or No

If you answered Yes to either or both questions, please provide full information about your employment in the space provided:

Were you referred by a Communicare Employee?

If yes, list Name and Department: _____

Do you have any family members working at Communicare: Yes or No

If yes, list Name and Department: _____

PREVIOUS EMPLOYMENT

Have you ever been employed? Yes No

Are you presently employed? Yes No

May we contact your present employer regarding your employment history? Yes No

Have you ever been terminated from or asked to resign your employment? Yes No

If yes, explain:

Please list below all present and past employment beginning with the most recent for the past 10 years. ("See Resume" not accepted)

1	Date of Employment		Job Title	Department
	From	To		
Company		Phone	Supervisor	
Address				
Street		City	State	Zip
		Salary		
Reason for Leaving				
Job Duties				

2	Date of Employment		Job Title	Department
	From	To		
Company			Phone	Supervisor
Address				
Street		City	State	Zip
		Salary		
Reason for Leaving				
Job Duties				

3	Date of Employment		Job Title	Department
	From	To		
Company			Phone	Supervisor
Address				
Street		City	State	Zip
		Salary		
Reason for Leaving				
Job Duties				

Explain any gaps in work history: _____

Personal Reference: Include only individuals familiar with your work ability.

Name	Address	Phone	Years acquainted

EDUCATION/LICENSURE:

Name and Location of School	Years Completed	Major	Degree	Date
High School				
Undergraduate College				
Graduate/Professional				

PLEASE LIST ANY LICENSE				
Type of program		Graduate/Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No	License Number
Renewal Number		Expiration Date		State Issued In
If you are licensed, has your license ever been suspended or revoked or are you currently involved in any proceeding that could affect your license or certification?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the date, location, and disposition of your case.				

PLEASE LIST ANY CERTIFICATIONS				
Type of program		Graduate/Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certification Number
Renewal Number		Expiration Date		State Issued In

JOB APPLICANT'S CERTIFICATION

PLEASE READ BEFORE ACKNOWLEDGING YOUR ACCEPTANCE BY CHECKING THE BOX BELOW.
REVIEW YOUR APPLICATION TO ENSURE THAT YOU HAVE ANSWERED EVERY QUESTION ACCURATELY.

I understand that Communicare will rely upon the information provided on this application and any accompanying resume or licenses, if supplied, in making its employment decision, and I represent that the information I have given on this application and any accompanying credentials are complete, true and accurate. I understand that falsification, misrepresentation or omission on this application, my resume, any licenses, or any other personal record/document will be grounds for rejection of my application or immediate termination of my employment, if I am employed, regardless of when the falsification, misrepresentation or omission is discovered.

I further understand that the pre-employment process includes, among other requirements, a fingerprint background check (employees hired after July 1, 2002), child abuse registry check, drug screen, and reference check if I continue in the pre-employment process. I understand that this information will be used by Communicare in making any employment decision.

Do not answer this question unless you have been informed about the requirements of the position for which you are applying:

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job for which you are applying? A review of the activities involved in such a job has been given. _____ YES _____ NO

I have read, understand, and agree to the conditions set forth above in the Job Applicant Certification.

Signature of Applicant:	Date:
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REFERENCE CHECK CONSENT FORM

Printed Name: _____

I hereby give my consent and authorization for Communicare to contact individuals, former employers, Law Enforcement Agencies, and any other public or private agency, MS Department of Child Protective Services, company or institution having knowledge of my qualifications and fitness for the position for which I am applying. I further release any and all parties providing information, including Communicare, from all liability for any damage whatsoever incurred in the provision or receipt of such information.

Signature: _____ Date: _____

This is to certify that I have nothing in my past history relating to any confirmed allegation of abuse/neglect of neither any person nor any undisclosed criminal convictions. I realize that any misrepresentations of the facts may lead to the rejection of my application and/or dismissal from employment. I further authorize any and all verification of all information related to my background as may be required.

Signature: _____ Date: _____

COMMUNICARE

PRE-EMPLOYMENT

Applicant Data Form

Detach From Application and Submit Separately
Completion of this form is voluntary.

Communicare is an Equal Opportunity Employer. Our employment decisions are made without regard to race, color, religion, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. The purpose of this Applicant Data Form is to comply with government record-keeping and reporting requirements. The data you provide on this form will be kept confidential and used solely for statistical purposes. This form is processed and maintained separately from your employment application and is not used in the interview or selection process.

1. Application Date: _____

2. Position Applied For: _____

3. Applicant Name: _____

4. Referral Source:

a. Newspaper

b. Employee Referral

c. Walk-in

d. Online

e. Other: _____

5. Race/Ethnic Code: (Please Select One)

<input type="radio"/> White (Not of Hispanic Origin)	<input type="radio"/> American Indian or Alaskan Native
<input type="radio"/> Black or African American	<input type="radio"/> Hispanic and Latino
<input type="radio"/> Asian	<input type="radio"/> Native Hawaiian or Other Pacific Islander
<input type="radio"/> Two or more races	

6. Sex/Gender Code: (Please Select One)

<input type="radio"/> Female	<input type="radio"/> Male
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