

APPLICATION FOR EMPLOYMENT

Exempt Classification

For more information on employment visit:
www.mh.alabama.gov

RETURN TO:
Address on Announcement

AN EQUAL OPPORTUNITY EMPLOYER

Name _____
(Please Print)

Address _____

City _____

State _____ Zip Code _____

Announcement Number _____

Job Title _____

Telephone Home _____

Work _____

Cell _____

E-mail Address _____

GENERAL INSTRUCTIONS

Complete all portions of this application. Failure to do so may result in your application being rejected. A separate application must be submitted for each position for which you are applying. Additional work history, if needed, must be submitted in the same format as the original application.

(TYPE OR PRINT CLEARLY IN BLUE OR BLACK INK)

Legal Residence _____
City _____ County _____ State _____

Place of Birth _____
City _____ County _____ State _____

What is the minimum annual salary that you will accept? _____

LOCATIONS

MENTAL ILLNESS FACILITIES

- Bryce Hospital --- Tuscaloosa, AL
- Harper Geriatric Psychiatry Center --- Tuscaloosa, AL
- Hardin Secure Medical Facility---Tuscaloosa, AL

REGIONAL OFFICES

- Region I --- Decatur, AL
- Region II --- Tuscaloosa, AL
- Region III --- Daphne, AL
- Region IV --- Wetumpka, AL
- Region V --- Birmingham, AL

CENTRAL ADMINISTRATION OFFICES

- Central Administration Offices --- Montgomery, AL

REFERRAL

Where did you learn about the job for which you applied or about the Department's application procedure?

- ADMH Website
- Indeed
- LinkedIn
- Career Builder
- Other Website: _____
- Walk-in
- State Employment Service
- College Career Day
- Newspaper Ad
- Professional Journal Ad
- State Personnel Department
- Professional Convention
- Friend/Relative
- Other --- Please explain below

Are you willing to accept shift work during evening and night hours?
Yes No

Are you available to work Full Time Part Time Temporary

The Alabama Department of Mental Health is an Equal Opportunity Employer. It does not discriminate with respect to race, color, religion, national origin, gender, age or disability.

PLEASE DO NOT OMIT SIGNATURE AND AUTHORITY TO RELEASE INFORMATION BLOCK AT END OF APPLICATION

EDUCATION

High School graduate or GED? Yes No

Be as specific as possible about degree and major.

Type of School	Name and Address	From Mo/Yr	To Mo/Yr	Did you Graduate?	Degree and Date	Major
College Undergraduate						
College Undergraduate						
College Graduate						
College Graduate						
Vocational Business						

Highest Grade Completed

High School 9 10 11 12

College 13 14 15 16

Graduate School 17 18 19

If you attended college in pursuit of either an undergraduate or graduate degree and did not obtain such, please indicate how many hours were received toward the degree.

Sem. Hrs. _____

Qtr. Hrs. _____

Please include the appropriate transcript with this application where applicable.

Please list and include copies of your professional certificates/license, including date, and state issued when applicable.

EMPLOYER/PROFESSIONAL REFERENCES

List three reliable persons, not relatives, who know you well enough to give information about your professional/educational background.

Name	Address/Zip Code	Telephone Number	Occupation

GENERAL INFORMATION

Have you filed an application with this department before? Yes No. If yes, give date and facility name:

Date _____ Facility Name _____

Are you a citizen of the U.S. or otherwise legally eligible to work in this country? Yes No. If not a citizen of the U.S.

give Visa type/status _____. (Proof of U.S. citizenship or Immigration status will be required upon employment.)

Date when you are available to begin work: _____

WORK HISTORY

THIS SECTION MUST BE COMPLETED REGARDLESS OF WHETHER OR NOT A RESUME IS ATTACHED

Beginning with your PRESENT or most recent employment, list in REVERSE ORDER periods of employment. Each time you changed jobs or your title changed should be listed as a separate period. Describe in detail your specific duties as they relate to the duties of the position for which you are applying. (Attach additional sheets if necessary). Please account for or explain any gaps in employment.

1. Current or Last Employer					Your Official Job Title					
Address/Zip Code				Telephone Number			Type of Business			
FROM Month Year		TO Month Year		Total Months	Fulltime <input type="checkbox"/> Part Time <input type="checkbox"/>	Name of Supervisor			Salary	May we contact current employer?
					Hours per week				\$ _____ per _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number/Title of Employees you Supervised					Equipment you Operated				Reason for Leaving	

Describe your Duties in Detail:

2. Employer					Your Official Job Title					
Address/Zip Code				Telephone Number			Type of Business			
FROM Month Year		TO Month Year		Total Months	Fulltime <input type="checkbox"/> Part Time <input type="checkbox"/>	Name of Supervisor			Ending Salary	
					Hours per week				\$ _____ per _____	
Number/Title of Employees you Supervised					Equipment you Operated				Reason for Leaving	

Describe your Duties in Detail:

3. Employer					Your Official Job Title					
Address/Zip Code				Telephone Number			Type of Business			
FROM Month Year		TO Month Year		Total Months	Fulltime <input type="checkbox"/> Part Time <input type="checkbox"/>	Name of Supervisor			Ending Salary \$ _____ per _____	
Number/Title of Employees you Supervised				Equipment you Operated			Reason for Leaving			
Describe your Duties in Detail:										

4. Employer					Your Official Job Title					
Address/Zip Code				Telephone Number			Type of Business			
FROM Month Year		TO Month Year		Total Months	Fulltime <input type="checkbox"/> Part Time <input type="checkbox"/>	Name of Supervisor			Ending Salary \$ _____ per _____	
Number/Title of Employees you Supervised				Equipment you Operated			Reason for Leaving			
Describe your Duties in Detail:										

5. Employer					Your Official Job Title					
Address/Zip Code				Telephone Number			Type of Business			
FROM Month Year		TO Month Year		Total Months	Fulltime <input type="checkbox"/> Part Time <input type="checkbox"/>	Name of Supervisor			Ending Salary \$ _____ per _____	
Number/Title of Employees you Supervised				Equipment you Operated			Reason for Leaving			
Describe your Duties in Detail:										

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN: I hereby authorize the Security Division or Personnel Office of the Alabama Department of Mental Health, bearing this release to copy thereof, within one year of this date, to obtain any information in your files pertaining to my previous employment, educational records and/or transcripts, licenses, certifications, or conviction records. I hereby authorize you to release such records or information upon the request of the bearer of this release document. The information you supply will be used principally as a basis for an investigation to determine my qualifications for employment with the Alabama Department of Mental Health. I hereby release you as custodian of such records from any and all liability damages which may result to me, my heirs or family because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity or authenticity of this release, you may contact me as indicated below.

FULL NAME _____ SOCIAL SECURITY # _____
CURRENT ADDRESS _____
DATE OF BIRTH _____ CITY OF BIRTH _____ STATE OF BIRTH _____

This section must be signed in ink by applicant and witnessed

FULL NAME _____ DATE _____
(Signature - No Initials Please)

WITNESS _____ TITLE _____ DATE _____

Have you ever been involuntarily terminated or forced to resign from a position? Yes No
Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation during the last seven years? (Conviction will not necessarily disqualify applicant from employment) Yes No

If you answered "Yes" to any of the above questions, attach an explanation on a separate sheet.

CERTIFICATE/SIGNATURE

This section must be signed in ink by applicant

I certify that all statements on or attached to this application are true and correct to the best of my knowledge. I understand that any false statements may cause me to be refused the opportunity of employment or cause my employment to be immediately terminated without recourse to due process or protection provided by law.

Signed _____ Date _____

ALABAMA DEPARTMENT OF MENTAL HEALTH

APPLICANT DATA RECORD

DATE _____

POSITION TITLE FOR WHICH YOU ARE APPLYING: _____

ANNOUNCEMENT NUMBER OF POSITION _____

To help this Department evaluate our efforts as an Equal Opportunity Employer, we are requesting that you complete the following items of personal information. Your answers to these questions will be used only to study recruiting and employment patterns, and to furnish necessary information for government reports. We appreciate your cooperation.

This sheet will be separated from the employment application upon receipt, and will be maintained in a separate file. It will, in no way, affect consideration for possible employment with the Alabama Department of Mental Health.

PLEASE PRINT

NAME _____
Last First Middle Initial

ADDRESS _____
Street City State Zip Code

SOCIAL SECURITY NUMBER _____

TITLE OF POSITIONS APPLIED
FOR AND DATE APPLIED: _____

RACE: Caucasian African American American Indian Asian/Pacific Islander Hispanic

GENDER: Male Female

AGE: _____ Birthdate _____

VETERAN: Yes No