



WHITEHAVEN SOUTHWEST MENTAL HEALTH CENTER
1087 ALICE AVENUE
MEMPHIS, TENN. 38106
TEL# (901) 259-1920



It is the policy of this agency to provide equal opportunity employment to all employees and applicants for employment. No person shall be discriminated against in employment because of race, religion, color, sex, age, national origin or handicap.

Name _____

Address _____

City/State/Zip _____

Social Security # _____ Date of Birth _____

Home Phone: (_____) _____ Work Phone: (_____) _____

What job are you applying for? _____

How did you learn of this position? _____

How soon are you available for employment? _____

Check here if you have previous or current employment with the following:

- Whitehaven Southwest Mental Health From _____ To _____
 - Other Behavioral Health Care Provider From _____ To _____
- Specify Company Name _____

Are you related by blood or marriage to anyone employed by Whitehaven Southwest Mental Health Center?

- No
- Yes, If "yes" state name, relationship to you and department where they work _____

What knowledge, skills, and abilities do you have that qualify you for this position(s)?

Educational History:

HIGH SCHOOL
 Name & Address
 of Institution

Average Grade

Diploma
 Received

Year
 Graduated

- Yes
- No

COLLEGE

Name & Address
 of Institution

Average
 Grade

Major/
 Minor

Degree
 Received

Year
 Conferred

Employment History:

(1) Dates: From: Mc _____ Yr. _____ To: Mo. _____ Yr. _____

Company Name _____
Address _____
Telephone _____
Job Title _____
Duties _____

Name of Supervisor _____
Reason for Leaving _____

(2) Dates: From: Mc _____ Yr. _____ To: Mo. _____ Yr. _____

Company Name _____
Address _____
Telephone _____
Job Title _____
Duties _____

Name of Supervisor _____
Reason for Leaving _____

(3) Dates: From: Mc _____ Yr. _____ To: Mo. _____ Yr. _____

Company Name _____
Address _____
Telephone _____
Job Title _____
Duties _____

Name of Supervisor _____
Reason for Leaving _____

(4) Dates: From: Mc _____ Yr. _____ To: Mo. _____ Yr. _____

Company Name _____
Address _____
Telephone _____
Job Title _____
Duties _____

Name of Supervisor _____
Reason for Leaving _____

(5) Dates: From: Mc _____ Yr. _____ To: Mo. _____ Yr. _____

Company Name _____
Address _____
Telephone _____
Job Title _____
Duties _____

Name of Supervisor _____
Reason for Leaving _____

(6) Dates: From: Mc _____ Yr. _____ To: Mo. _____ Yr. _____

Company Name _____
Address _____
Telephone _____
Job Title _____
Duties _____

Name of Supervisor _____
Reason for Leaving _____

Are you currently employed? _____

May we contact your present employer? _____

Yes

No

Have you missed any time at school or work in the last three years? Yes

No

If yes, explain and give full details _____

List three references, such as former employers or teachers, who are knowledgeable of your work experiences or employment history:

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you are a licensed driver, please furnish the following information, so that we may verify your insurability under present liability coverage:

Drivers License # _____ Type of License _____
State Licensed in _____

List all moving violations you have been convicted of in the past three years including dates:

(FOR INSURANCE PURPOSES ONLY)

Have you been convicted or charged with a misdemeanor or felony in the past 10 year: _____
If yes, please explain conviction or charge: _____

If you are applying for a position that may require driving, are you at least 25 years of age?

Yes

No

I authorize the Whitehaven Southwest Mental Health Center to obtain my driving record from the Tennessee Department of Safety

Signature of Applicant

The information provided by me in this Application for Employment is true, correct and complete. I understand that any false statement, information or omissions are reason sufficient not to hire or to dismiss is employed. I authorize the Whitehaven Southwest Mental Health Center to check my previous work record, personal references, or other sources.

Failure to show for interview without effort to notify will be cause for no further consideration for opposition(s) from this application on file. Resubmitted application(s) will be accepted and screened.

I understand that the authority to hire is vested in the Executive Director, and I cannot be offered a position with the Whitehaven Southwest Mental Health Center unless said offer and terms have been approved by the Executive Director.

I understand that if recommended for employment, I will be required to submit to an authorized alcohol and drug-screening test as part of pre employment physical as one of the pre requisites to being hired.

Signature

Date