



Delta Health Center, Inc.

702 Martin Luther King Road • Mound Bayou, Mississippi 38762 • (662) 741-2151 • Fax (662) 741-2700

Health Care with Care™
Since 1967

APPLICATION FOR EMPLOYMENT

Position Applied for: _____ Date: _____

PERSONAL DATA

NAME: _____
Last, First, Middle I.

ADDRESS: _____

(City, State, Zip) _____

Telephone: _____ - _____ - _____ Social Security # _____ - _____ - _____

Date of Birth: _____ E-Mail Address _____

Are you legally eligible for employment in the U.S.? _____ Yes _____ No
(If yes, verification will be required)

Have you filed an application with Delta Health Center before? _____ Yes _____ No

(If yes, give month and year: _____)

Have you ever been employed with Delta Health Center before? _____ Yes _____ No

If your application is considered favorably, on what date will you be available for work? _____

RECORD OF EDUCATION

<i>School</i>	<i>Name and Address of School</i>	<i>Years Completed</i>	<i>Did You Graduate?</i>	<i>List Diploma or Degree</i>
High School	_____	_____	_____ Yes	_____
	_____	_____	_____ No	_____
	_____	_____	_____	_____
College	_____	_____	_____ Yes	_____
	_____	_____	_____ No	_____
	_____	_____	_____	_____
Other <i>(specify)</i>	_____	_____	_____ Yes	_____
	_____	_____	_____ No	_____
	_____	_____	_____	_____

DHC Applicant name: _____
 (last name), (first name)

<u>Employment History:</u> List your last four (4) employers, assignments or volunteer activities starting with the most recent, including military experience. Explain gaps in employment in comments sections below.			
Employer	Date Employed		Summarize the nature of work performed & job responsibilities
Telephone: (___) ___ - ____	From: ___/___/___	To: ___/___/___	
Address:	Hourly Rate/Salary		
Job Title:	Starting:	Final:	
Immediate Supervisor & Title:			
Reason for leaving:			
May we contact your employer?	___ Yes ___ No ___ Later		
Employer	Date Employed		Summarize the nature of work performed & job responsibilities
Telephone: (___) ___ - ____	From: ___/___/___	To: ___/___/___	
Address:	Hourly Rate/Salary		
Job Title:	Starting:	Final:	
Immediate Supervisor & Title:			
Reason for leaving:			
May we contact your employer?	___ Yes ___ No ___ Later		
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Job Title:	Starting:	Final:	
Immediate Supervisor & Title:			
Reason for leaving:			

DHC Applicant name: _____
 (last name), (first name)

May we contact your employer?		____ Yes ____ No ____ Later	
Employer	Date Employed		Summarize the nature of work performed & job responsibilities
Telephone: (___) ___ - ____	From: ___/___/___	To: ___/___/___	
Address:	Hourly Rate/Salary		
Job Title:	Starting:	Final:	
Immediate Supervisor & Title:			
Reason for leaving:			
May we contact your employer?		____ Yes ____ No ____ Later	

PERSONAL REFERENCES

List three (3) business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

<u>Name</u>	<u>Address</u>	<u>Telephone</u>

MILITARY SERVICE RECORD

Were you in U.S. Armed Forces? ____ Yes if yes, what branch? _____ ____ No

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for?

OTHER

Have you ever been convicted for a crime, excluding misdemeanors and summary offenses, in the past ten (10) years which has not been annulled or expunged or sealed by a court?

____ Yes ____ No (If yes, describe in full: _____)

Have you ever been bonded? ____ Yes ____ No (If yes, on what job: _____)

State name(s) of relatives and friends working for us other than your spouse:

DHC Applicant name: _____
(last name), (first name)

PLEASE READ AND SIGN BELOW

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me that is job related. I hereby release from liability the Employer and its representatives from seeking such information and all other persons corporations or organizations for furnishing such information.

The Employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only sixty (60) days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of Applicant: _____ Date ____/____/____

DHC Applicant name: _____
 (last name), (first name)

APPLICANT – Do Not Write On This Page.

FOR INTERVIEWER’S USE

<u>Interviewer</u>	<u>Date</u>	<u>Comments</u>

FOR TEST ADMINSTRATOR’S USE

<u>Tests Administered</u>	<u>Date</u>	<u>Raw Score</u>	<u>Rating</u>	<u>Comments & Interpretation</u>

REFERENCE CHECK

<u>Position Number</u>	<u>Results of Reference Check</u>	<u>Position Number</u>	<u>Results of Reference Check</u>
I		V	
II		IV	
III		VII	
IV		VIII	