



APPLICATION FOR EMPLOYMENT

Instructions: Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application. *Please print*

Name _____

Social Security # _____ Phone: (Home) _____ (Cell) _____

Address _____

City / State / Zip _____

Position Applied for _____

Expected pay _____

Would you accept full-time work? Yes No

Would you accept part-time work? Yes No

On what date would you be available for work? _____

Have you ever been employed here before? Yes No

Date: _____

Special training or skills (languages, machine operation, etc.) that would be of special benefit in the job for which you are applying: _____

Are you legally eligible for employment in the United States? Yes No (If yes, proof is required)

Are you of legal age to work in the United States? Yes No

EDUCATION BACKGROUND

SCHOOL NAME AND LOCATION	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE / DIPLOMA
Grammar School:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
High School:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
College:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate School:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vocational Training/Other:		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Membership in professional or civic organizations (Exclude those which may disclose your race, color, religion or national origin). _____



EMPLOYMENT EXPERIENCE

Place an "X" by the employer(s) you do not want us to contact. List your most recent employer first.

1. Employer _____ Address _____
Phone () _____
Job Title _____ Supervisor _____
Dates Employed: From _____ To _____ Hourly rate/Salary: Start _____ Final _____
Work performed _____
Reason for leaving _____
2. Employer _____ Address _____
Phone () _____
Job Title _____ Supervisor _____
Dates Employed: From _____ To _____ Hourly rate/Salary: Start _____ Final _____
Work performed _____
Reason for leaving _____
3. Employer _____ Address _____
Phone () _____
Job Title _____ Supervisor _____
Dates Employed: From _____ To _____ Hourly rate/Salary: Start _____ Final _____
Work performed _____
Reason for leaving _____
4. Employer _____ Address _____
Phone () _____
Job Title _____ Supervisor _____
Dates Employed: From _____ To _____ Hourly rate/Salary: Start _____ Final _____
Work performed _____
Reason for leaving _____
5. Employer _____ Address _____
Phone () _____
Job Title _____ Supervisor _____
Dates Employed: From _____ To _____ Hourly rate/Salary: Start _____ Final _____
Work performed _____
Reason for leaving _____

PERSONAL REFERENCES (Other than family members or previous employers)

1. Name _____ Phone () _____
Address _____
2. Name _____ Phone () _____
Address _____
3. Name _____ Phone () _____
Address _____

Signature _____ Date _____



SUGGESTED FORMAT: "Release of Information Form – 49 CFR Part 40 Drug and Alcohol Testing"

Section I. To be completed by the new employer, signed by the employee and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in **Section I-B**, to the employer; listed in **Section I-A**. This release is in accordance with **DOT Regulation 49CFR Part 40, Section 40.25**. I understand that information to be released in **Section II-A** by my previous employer, is limited to the following DOT – regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ **Date** _____

I-A

New Employer Name: _____

Address: _____

Phone: () _____ Fax: _____

Designated Employer Representative: _____

I-B

New Employer Name: _____

Address: _____

Phone: () _____ Fax: _____

Designated Employer Representative: _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

1. Did the employee have alcohol tests with a result of 0.04 or higher?
2. Did the employee have verified positive drug tests?
3. Did the employee refuse to be tested?
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?
5. Did the previous employer report a drug and alcohol rule violation?
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in **Section II-A:** _____

Title: _____

Phone: _____

Date: _____



**PERMISSION TO OBTAIN MOTOR VEHICLE RECORD
FOR EMPLOYMENT PURPOSES**

Applicant Name: _____

Applicant Address: _____

Drivers License #: _____

State of Issue: _____

Social Security #: _____ - _____ - _____

Date of Birth: _____ / _____ / _____

This is my authorization for: _____

(Prospective Employer)

to obtain my motor vehicle record for the purpose of evaluating my employment application. I understand that such information may be detrimental to my employment opportunities. I hereby hold harmless the prospective employer and any provider of motor vehicle record information whether an insurance agency, company or other provider for any liability in connection with the dispersion of information obtained from my motor vehicle record.

Applicant

Date

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize Aaron E. Henry Community Health Services Center, Inc. to obtain and rely upon consumer reports or investigate consumer reports concerning me. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I do _____ do not. _____ authorize you to contact my current employer for Employment and Reference Verifications.

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

Printed Name

Applicant Signature

Date

Parent or Legal Guardian Signature
(for searches conducted on minors
under the age of 18)

Date

INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN CALIFORNIA, MINNESOTA, AND OKLAHOMA

You may request a free copy of any consumer report or investigative consumer report we obtain on you by checking the box.

INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN MASACHUSETTS AND NEW JERSEY

By checking this box, you are acknowledging that you have been informed of your right to request a copy of the investigative consumer report we obtained on you and you are exercising your right to obtain a copy of that report.

**MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY
AUTHORIZATION TO RELEASE INFORMATION**

MCIC POLICY: 9.006

THIS FORM MUST BE COMPLETED AND SIGNED BY THE SUBJECT OF THE RECORD (MUST BE PRINTED AND LEGIBLE)

IF THE CRIMINAL BACKGROUND CHECK RESULTS ARE TO BE RELEASED TO A THIRD PARTY, YOU MUST PROVIDE THE THIRD PARTY NAME AND MAILING ADDRESS IN BLOCKS 11, 12, 13, 14 & 15.

IF THE CRIMINAL BACKGROUND CHECK RESULTS ARE TO BE FAXED, YOU MUST PROVIDE A FAX NUMBER IN BLOCK 16.

SUBMIT THIS FORM WITH A \$32.00 MONEY ORDER FOR EACH REQUEST TO:

MS DEPARTMENT OF PUBLIC SAFETY
ATTN: CIC/BACKGROUND CHECKS
3891 HIGHWAY 468 WEST
PEARL, MISSISSIPPI 39208

MONEY ORDER #: _____

REASON FOR CRIMINAL BACKGROUND CHECK: ADOPTION IMMIGRATION OTHER

1. NAME (LAST, FIRST & MIDDLE INITIAL)		2. ADDRESS		
3. CITY		4. STATE	5. ZIP CODE	
6. SOCIAL SECURITY NO.	7. DOB (YYYYMMDD)	8. RACE	9. SEX	10. PHONE NO.

I AUTHORIZE AND CONSENT TO RELEASE A (FINGERPRINT) OR (NAME) BASED BACKGROUND CHECK TO:

11. NAME (LAST, FIRST & MIDDLE INITIAL)		12. ADDRESS		
13. CITY		14. STATE	15. ZIP CODE	16. FAX NO.

AND, REQUEST THE INSPECTION OF ANY AND ALL CRIMINAL RECORDS INFORMATION IN THE POSSESSION OF OR ACCESSIBLE BY THE MISSISSIPPI JUSTICE INFORMATION CENTER, INCLUDING, BUT NOT LIMITED TO, ANY PAST HISTORY OF A CRIMINAL OFFENSE(S) FOR WHICH I MAY HAVE BEEN CHARGED OR CONVICTED.

BY GIVING THE ABOVE-DESCRIBED RELEASE, I HEREBY WAIVE ANY AND ALL CLAIMS OR LIABILITY FOR COMPLIANCE WHICH I MAY NOW HAVE OR MAY HAVE IN THE FUTURE AGAINST THE STATE OF MISSISSIPPI, THE MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY AND THE MISSISSIPPI JUSTICE INFORMATION CENTER, IT'S EMPLOYEES AND AGENTS, CONCERNING SAID INFORMATION, AND DO HEREBY INDEMNIFY THE STATE OF MISSISSIPPI, THE MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY AND THE MISSISSIPPI JUSTICE INFORMATION CENTER, IT'S EMPLOYEES AND AGENTS, AGAINST ANY AND ALL FUTURE ACTIONS WITH REFERENCE TO THE RELEASE OF THE ABOVE-DESCRIBED INFORMATION AND THE CIRCUMSTANCES SURROUNDING THE SAME.

SIGNATURE	DATE
WITNESS TO SIGNATURE	DATE

RESULTS OF INQUIRY (MDPS/CIC USE ONLY):