



BEHAVIORAL HEALTH SERVICES

Mission: *To lead our community in providing excellent treatment, service and education in the areas of behavioral health and developmental disabilities, fostering meaningful opportunities for mind and body.*

Serving: Ben Hill, Berrien, Brooks, Cook, Echols, Irwin, Lanier, Lowndes, Tift and Turner Counties

APPLICANT INFORMATION										
Last Name					First				M.I.	Date
Street Address							Apartment #			
City				State			Zip			
Phone				Email Address						
Date Available				Social Security No.				Desired Salary		
Position(s) and Position Number(s) Applying for	1)									
	2)				3)					
Are you a citizen of the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, are you authorized to work in the United States?				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Have you ever worked for this company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, when?							
Are you currently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, why are you pursuing a change?							
Have you ever been dismissed from a State of Georgia position, or any other employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please attach explanation.							
Do you speak any language(s) other than English?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please list:							
Do you have a relative, partner, member of your household or in a dating relationship with someone that works at Behavioral Health Services of South Georgia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, where does this person work?							

EDUCATION									
High School					Address				
From	To			Did you Graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree		
College					Address				
From	To			Did you Graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree		
Other					Address				
From	To			Did you Graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree		
Have you completed any special courses, seminars, and/or training that would enable you to perform the duties for the position for which you are applying?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please explain:		
Do you have academic honors, extracurricular activities held, etc.?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please explain			

KNOWLEDGE, SKILLS AND ABILITIES					
Organization Skills: Ability to prioritize duties	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Ability to type at a proficient level and speed: _____ wpm		
Computer Skills: Proficient in Microsoft Office	Word	<input type="checkbox"/>	Knowledge of Customer Service	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Excel	<input type="checkbox"/>			
	PowerPoint	<input type="checkbox"/>			
	Outlook Express	<input type="checkbox"/>			
	Access	<input type="checkbox"/>			

LICENSES OR CERTIFICATIONS			
Valid Driver's License	Number:	Expiration (Mo/Yr)	
Professional License/Certificate	Type:	Expiration (Mo/Yr)	
Professional License/Certificate	Type:	Expiration (Mo/Yr)	
Professional License/Certificate	Type:	Expiration (Mo/Yr)	

EMPLOYMENT – BEGIN WITH PRESENT OR MOST RECENT EMPLOYER									
Company					Phone				
Address					Supervisor				
Job Title			Starting Salary		\$		Ending Salary		\$
Responsibilities									
From		To		Reason for Leaving (mandatory answer)					
May we contact your previous supervisor for a reference?					Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Company					Phone				
Address					Supervisor				
Job Title			Starting Salary		\$		Ending Salary		\$
Responsibilities									
From		To		Reason for Leaving (mandatory answer)					
May we contact your previous supervisor for a reference?					Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Company					Phone				
Address					Supervisor				
Job Title			Starting Salary		\$		Ending Salary		\$
Responsibilities									
From		To		Reason for Leaving (mandatory answer)					
May we contact your previous supervisor for a reference?					Yes <input type="checkbox"/>		No <input type="checkbox"/>		

Company				Phone			
Address				Supervisor			
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving (mandatory answer)			
May we contact your previous supervisor for a reference?				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Company				Phone			
Address				Supervisor			
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving (mandatory answer)			
May we contact your previous supervisor for a reference?				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Company				Phone			
Address				Supervisor			
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving (mandatory answer)			
May we contact your previous supervisor for a reference?				Yes <input type="checkbox"/>	No <input type="checkbox"/>		

WORK REFERENCES --- List three (3) professional references	
Name	Occupation
Full Address (Including Street, City, State, & Zip Code)	Telephone Number:
Street	
City	State Zip
Name	Occupation
Full Address (Including Street, City, State, & Zip Code)	Telephone Number:
Street	
City	State Zip
Name	Occupation
Full Address (Including Street, City, State, & Zip Code)	Telephone Number:
Street	
City	State Zip

SOURCE:

Please indicate how you heard about this job:

- | | |
|---|---|
| <input type="checkbox"/> Agency Website | <input type="checkbox"/> Other |
| <input type="checkbox"/> Broadcast | <input type="checkbox"/> Professional |
| <input type="checkbox"/> Career Fair | <input type="checkbox"/> Referral |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Social Network |
| <input type="checkbox"/> Job Board | <input type="checkbox"/> Talent Exchange |
| <input type="checkbox"/> Magazines & Trade Publications | <input type="checkbox"/> Team Georgia Careers |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> University/Campus Recruiting |
| | <input type="checkbox"/> Unsolicited |

DISCLAIMER AND SIGNATURE

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this application for employment can be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice. I authorize the agency to obtain a 7 year Motor Vehicle Report. I understand the results of the report may determine the continuation of the application process.

Signature

Date

Applicants will receive consideration for positions without regard to race, color, religion, age, sex, sexual orientation, marital status or individuals with disabilities.

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The information you give in this section is optional. It is used by the agency to comply with Federal guidelines by monitoring their equal employment effort.

Ethnic Background:

-
- American Indian
-
-
- Hispanic
-
-
- White, Not of Hispanic origin
-
-
- Black, Not of Hispanic origin
-
-
- Asian/Pacific Islander
-
-
- Multi-racial

Gender:

-
- Male
-
-
- Female

Date of Birth:

/ /