



# EMPLOYMENT APPLICATION

## APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
County	Phone		
Email	Date Available	Desired Salary	
Position Applied for			

**EMPLOYMENT ELIGIBILITY:** To be employed by the State of Georgia, you must meet certain State and Federal employment eligibility requirements. These include (but are not limited to) United States citizenship or authorization to work in this country, positive rehire status if previously employed by the State, and no felony convictions (for some jobs). Please answer the following questions.

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 U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been dismissed from any State of Georgia government position?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

## EDUCATION – SPECIFIC COLLEGE HOURS MUST BE LISTED IN THIS SECTION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12		HIGH SCHOOL GRADUATE OR EQUIVALENT (GED) [ ] YES [ ] NO			
TECH/BUSINESS 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
Total Credits Received: Quarter Hours _____ Semester Hours _____		Major: _____		Minor: _____	
		Hours _____		Hours _____	
COLLEGE		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Total Credits Received: Quarter Hours _____ Semester Hours _____		Major: _____		Minor: _____	
		Hours _____		Hours _____	
COLLEGE		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Total Credits Received: Quarter Hours _____ Semester Hours _____		Major: _____		Minor: _____	
		Hours _____		Hours _____	
GRADUATE SCHOOL		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Total Credits Received: Quarter Hours _____ Semester Hours _____		Major: _____		Minor: _____	
		Hours _____		Hours _____	

**REFERENCES***Please list three professional references.*

Full Name	Relationship
Company	Phone (    )
Address	
Full Name	Relationship
Company	Phone (    )
Address	
Full Name	Relationship
Company	Phone (    )
Address	

**PREVIOUS EMPLOYMENT**

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

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**LICENSES AND CERTIFICATIONS**

LICENSE/CERTIFICATION	SPECIALIZATION	CERTIFICATE NO.	EXPIRATION MO/YR
OTHER LICENSE/CERTIFICATION	SPECIALIZATION	CERTIFICATE NO.	EXPIRATION MO/YR
OTHER LICENSE/CERTIFICATION	SPECIALIZATION	CERTIFICATE NO.	EXPIRATION MO/YR

**SKILLS AND EXPERIENCE (CHECK ANY WHICH APPLY TO YOU)**

<input type="checkbox"/> MICROSOFT WORD	<input type="checkbox"/> MICROSOFT PUBLISHER	<input type="checkbox"/> SIGN LANGUAGE	<input type="checkbox"/> ACCOUNTING/BOOKKEEPING
<input type="checkbox"/> MICROSOFT EXCEL	<input type="checkbox"/> FILING	<input type="checkbox"/> TYPING wpm _____	<input type="checkbox"/> WILL WORK NIGHT SHIFTS
<input type="checkbox"/> DATA ENTRY	<input type="checkbox"/> VALID DRIVERS LICENSE	<input type="checkbox"/> CUSTOMER SERVICE	<input type="checkbox"/> MULTI-LINGUAL: _____

**CERTIFICATION: READ CAREFULLY BEFORE SIGNING AND DATING.  
UNSIGNED APPLICATIONS WILL BE RETURNED.**

I certify that all information on this application is correct. I authorize any agent or employee of the State to verify this information and to release it to anyone who may consider me for appointment. I understand that intentionally providing false information on this form or attachments is a violation of state law. I also understand that applications submitted electronically, via e-mail or similar media, are not valid unless I enter my name in the signature field below and such action shall constitute electronic signature.

I further certify that (1) I have not been convicted of a drug-related criminal offense; or (2) if I have been convicted of a drug-related criminal offense, it has been more than three months since my first conviction, or more than five years since a second or subsequent conviction.

To be an employee of Phoenix Center Behavioral Health Services means that you employed-at-will and you may be separated-at-will. Should the need for employment end, the funding source diminish, or your job performance is not acceptable, you can be separated immediately without a right of appeal. Further, employees may be reassigned within the organization depending on the needs of the organization. Any job reassignment or relocation is not appealable.

Signature

Date