



G.A. Carmichael Family Health Center
P.O. Office Box 588 , Canton, MS 39046
 Phone: 601-859-5213 Fax: 601-859-8771

Chief Executive Officer

Health Service Director

EMPLOYMENT APPLICATION

Position Applied For _____

Date: _____

PERSONAL INFORMATION

Name (Last, First, Middle)	Telephone Number
Address	Message Number
City/State/Zip	E-mail Address

Social Security Number	Place of Birth

EMPLOYMENT HISTORY – Begin With Most Recent Employment

Dates From	To	Company Name	City, State
Titles and Duties			
Reason for Leaving	Supervisor's Name	Telephone Number	
Dates From	To	Company Name	City, State
Titles and Duties			
Reason for Leaving	Supervisor's Name	Telephone Number	
Dates From	To	Company Name	City, State
Titles and Duties			
Reason for Leaving	Supervisor's Name	Telephone Number	

**G.A. Carmichael Family Health Center
Employment Application (Continued)**

MILITARY – Branch of Service:

Describe any military training received relevant to the position for which you are applying:

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EDUCATION/TRAINING – Include Technical/Academic Achievements/Courses

Have you obtained a high school diploma or GED certificate? Yes No

School	Name & Location	Diploma/Degree	Subject of Specialization
College/University Graduation Date:			
Specialized Courses & Training			

CLERICAL SKILLS – To Be Completed for Clerical Positions

Typing, WPM Yes No

Shorthand, WPM Yes No

List Specific Computer Skills –

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PROFESSIONAL & TECHNICAL INFORMATION - To Be Completed for Licensed/Registered Positions

Registration No.	Expiration Date	Certificate No.	Expiration Date

If not licensed have you applied?
 Yes No

If licensed in another state, list:

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OTHER SPECIAL SKILLS- List Other Special Skills/You Have to Offer for This Job Opening:

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PROFESSIONAL REFERENCES – Give the Names of Three Persons Not Related to You

Name	Telephone	Address	Occupation

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize investigation of all statements made on this application and any attachments, and I release all persons, companies, and organization from liability for providing or receiving such information. I further understand that this employment application and other employment related documents are not contracts of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed. A typed name is considered a signature.

Signature: _____

Date: _____