



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: |
| |

EDUCATION/TRAINING – Include Technical/Academic Achievements/Courses

| | | | |
|--|-----------------|----------------|---------------------------|
| Have you obtained a high school diploma or GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> 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 | | Medical Terminology | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shorthand, WPM | | Legal Terminology | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| List Specific Computer Skills – | | | | |
| | | | | |

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

| | | | |
|------------------|-----------------|-----------------|-----------------|
| Registration No. | Expiration Date | Certificate No. | Expiration Date |
| | | | |

| | |
|---|-------------------------------------|
| If not licensed have you applied? <input type="checkbox"/> Yes <input type="checkbox"/> No | If licensed in another state, list: |
|---|-------------------------------------|

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

| |
|--|
| |
|--|

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: _____