



APPLICATION FOR EMPLOYMENT
Exempt Classification

For more information on employment visit:
www.mh.alabama.gov

AN EQUAL OPPORTUNITY EMPLOYER

RETURN TO:

See page 6 for online submission options.

Name _____
(Please Print)

Address _____

City _____

State _____ Zip Code _____

Announcement Number _____

Job Title _____

Telephone Home _____

Work _____

Cell _____

E-mail Address _____

GENERAL INSTRUCTIONS

Complete all portions of this application. Failure to do so may result in your application being rejected. A separate application must be submitted for each position for which you are applying. Additional work history, if needed, must be submitted in the same format as the original application.

Legal Residence _____
City _____ County _____ State _____

Place of Birth _____
City _____ County _____ State _____

What is the minimum annual salary that you will accept? _____

LOCATIONS

MENTAL ILLNESS FACILITIES

- Bryce Hospital – Tuscaloosa, AL
- Searcy Hospital – Mt. Vernon, AL
- Harper Geriatric Psychiatry Center – Tuscaloosa, AL
- North Alabama Regional Hospital – Decatur, AL
- Hardin Secure Medical Facility – Tuscaloosa, AL
- Greil Psychiatric Hospital – Montgomery, AL

DEVELOPMENTAL CENTER & REGIONAL OFFICES

- William D. Partlow Developmental Center – Tuscaloosa, AL
- Region I – Decatur, AL
- Region II – Tuscaloosa, AL
- Region III – Daphne, AL
- Region IV – Wetumpka, AL
- Region V – Birmingham, AL

CENTRAL ADMINISTRATION OFFICES

- Central Administration Offices – Montgomery, AL

REFERRAL

Where did you learn about the job for which you applied or about the Department's application procedure?

- Internet
- Walk-in
- State Employment Service
- College Career Day
- Newspaper Ad
- Professional Journal Ad
- Radio/TV Ad
- Private Employment Agency
- State Personnel Department
- Professional Convention
- Friend/Relative
- Responded to Announcement of Vacancy
- Other – Please Explain below

Are you willing to accept shift work during evening and night hours? Yes No

Are you available to work Full Time Part Time
Temporary

The Alabama Department of Mental Health is an Equal Opportunity Employer. It does not discriminate with respect to race, color, religion, national origin, gender, age or disability.

EDUCATION

High School graduate or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		Be as specific as possible about degree and major.				
Type of School	Name and Address	From Mo/Yr	To Mo/Yr	Did you Graduate?	Degree and Date	Major
College Undergraduate						
College Undergraduate						
College Graduate						
College Graduate						
Vocational Business						
Highest Grade Completed High School <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 College <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 Graduate School <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19						
If you attended college in pursuit of either an undergraduate or graduate degree and did not obtain such, please indicate how many hours were received toward the degree. Sem. Hrs. _____ Qtr. Hrs. _____ Please include the appropriate transcript with this application where applicable.			Please list and include copies of your professional certificates/license, including date, and state issued when applicable. _____			

EMPLOYER/PROFESSIONAL REFERENCES

List three reliable persons, not relatives, who know you well enough to give information about your professional/educational background.

Name	Address/Zip Code	Telephone Number	Occupation

GENERAL INFORMATION

Have you filed an application with this department before? Yes No. If yes, give date and facility name:
 Date _____ Facility Name _____

Are you a citizen of the U.S. or otherwise legally eligible to work in this country? Yes No. If not a citizen of the U.S. give Visa type/status _____. (Proof of U.S. citizenship or Immigration status will be required upon employment.)

Date when you are available to begin work: _____

WORK HISTORY

THIS SECTION MUST BE COMPLETED REGARDLESS OF WHETHER OR NOT A RESUME IS ATTACHED

Beginning with your PRESENT or most recent employment, list in REVERSE ORDER periods of employment. Each time you changed jobs or your title changed should be listed as a separate period. Describe in detail your specific duties as they relate to the duties of the position for which you are applying. (Attach additional sheets if necessary). Please account for or explain any gaps in employment.

1. Current or Last Employer					Your Official Job Title				
Address/Zip Code				Telephone Number			Type of		
FROM Month Year	TO Month Year	Total Months	Full time <input type="checkbox"/> Part Time <input type="checkbox"/>		Name of Supervisor		Salary		May we contact current employer?
			Hours per week _____				\$ _____ per _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Number/Title of Employees you Supervised			Equipment you Operated			Reason for Leaving			
Describe your Duties in Detail:									

2. Employer					Your Official Job Title				
Address/Zip Code				Telephone Number			Type of Business		
FROM Month Year	TO Month Year	Total Months	Full time <input type="checkbox"/> Part Time <input type="checkbox"/>		Name of Supervisor		Ending Salary		
			Hours per week _____				\$ _____ per _____		
Number/Title of Employees you Supervised			Equipment you Operated			Reason for Leaving			
Describe your Duties in Detail:									

3. Employer					Your Official Job Title						
Address/Zip Code				Telephone Number			Type of Business				
FROM Month Year		TO Month Year		Total Months	Full time <input type="checkbox"/> Part Time <input type="checkbox"/>		Name of Supervisor			Ending Salary	
					Hours per week _____					\$ _____ per _____	
Number/Title of Employees you Supervised					Equipment you Operated					Reason for Leaving	
Describe your Duties in Detail:											

4. Employer					Your Official Job Title						
Address/Zip Code				Telephone Number			Type of Business				
FROM Month Year		TO Month Year		Total Months	Full time <input type="checkbox"/> Part Time <input type="checkbox"/>		Name of Supervisor			Ending Salary	
					Hours per week _____					\$ _____ per _____	
Number/Title of Employees you Supervised					Equipment you Operated					Reason for Leaving	
Describe your Duties in Detail:											

5. Employer					Your Official Job Title						
Address/Zip Code				Telephone Number			Type of Business				
FROM Month Year		TO Month Year		Total Months	Full time <input type="checkbox"/> Part Time <input type="checkbox"/>		Name of Supervisor			Ending Salary	
					Hours per week _____					\$ _____ per _____	
Number/Title of Employees you Supervised					Equipment you Operated					Reason for Leaving	
Describe your Duties in Detail:											

ALABAMA DEPARTMENT OF MENTAL HEALTH

APPLICANT DATA RECORD

DATE _____

POSITION TITLE FOR WHICH YOU ARE APPLYING: _____

ANNOUNCEMENT NUMBER OF POSITION: _____

To help this Department evaluate our efforts as an Equal Opportunity Employer, we are requesting that you complete the following items of personal information. Your answers to these questions will be used only to study recruiting and employment patterns, and to furnish necessary information for government reports. We appreciate your cooperation.

This sheet will be separated from the employment application upon receipt, and will be maintained in a separate file. It will, in no way, affect consideration for possible employment with the Alabama Department of Mental Health.

PLEASE PRINT

NAME _____
Last First Middle Initial

ADDRESS _____
Street City State Zip Code

SOCIAL SECURITY NUMBER _____

TITLE OF POSITIONS APPLIED FOR AND DATE APPLIED: _____

RACE:
 Caucasian African American
 American Indian Asian/Pacific Islander
 Hispanic
 Other _____

GENDER: Male Female
AGE: _____ **Birth Date** _____
VETERAN: Yes No

APPLICATION SUBMISSION
SUBMIT A COPY OF THIS APPLICATION TO EACH LOCATION OF INTEREST

Mental Illness:

Bryce

Greil

Harper

NARH

Searcy

Taylor

Intellectual Disability:

Partlow

Region 1

Region 2

Region 3

Region 4

Region 5

Central Administration Offices:

Central Office

*The cities of each location can be found on page 1.

AUTHORIZATION TO RELEASE INFORMATION

If this application is selected for a vacancy, you will be required to submit an authorization to release information form. We will notify you when/if we need this document on file with your application.

Thank you for your interest in working with the Alabama Department of Mental Health!