



## EDUCATION AND TRAINING

Graduated

|             | Name of School | Location | Dates | Yes/No | Degree | Major |
|-------------|----------------|----------|-------|--------|--------|-------|
| High School |                |          |       |        |        |       |
| College     |                |          |       |        |        |       |
| College     |                |          |       |        |        |       |

## PERSONAL REFERENCE (Other than Relatives)

|   |                  |
|---|------------------|
| 1 | Name             |
|   | Address          |
|   | Telephone Number |

|   |                  |
|---|------------------|
| 2 | Name             |
|   | Address          |
|   | Telephone Number |

## SUPPLEMENTAL INFORMATION

List any other factors which you feel might be important in your application for employment including typing, office machines used, professional licenses and/or certificates, and any other experience or training not covered in the application elsewhere.

Have you ever been denied coverage under an employee fidelity bond? YES \_\_\_\_\_ NO \_\_\_\_\_

**APPLICANTS FOR CLINICAL POSITIONS:** Have you ever had your

professional license suspended or revoked, or have you ever been disciplined by your license board? YES \_\_\_\_\_ NO \_\_\_\_\_

**APPLICANTS FOR POSITIONS THAT INCLUDE DRIVING:** Do you have a medical condition that restricts your driving ability

(i.e., Insulin dependent, seizures, sight problems, etc.)? YES \_\_\_\_\_ NO \_\_\_\_\_. If yes, please explain: \_\_\_\_\_

## AFFIDAVIT

I certify that the answers given to the foregoing questions are true and correct without consequential omissions of any kind whatsoever. I understand that any false or misleading statements are grounds for dismissal and shall not hold the Mental Health Center liable in any respect if my employment is terminated because of said falsification or omissions made by me in the questionnaire. I authorize the employers (with the possible exception of current employer), schools or persons named herein to give any information regarding my employment or physical condition, together with any information they may have regarding me whether or not it is in their records. I hereby release said employers, schools, or persons from all liability for any damage for issuing this information. If accepted for employment, I hereby authorize my participation in any group insurance and/or retirement plans for which I am eligible and in which participation is a condition of employment. I further agree to abide by all policies of the Cahaba Center.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Note: Any item on this form which you feel tends to violate Federal or State Civil Rights of FEPC Legislations need not be completed. We are an Equal Opportunity Employer. A copy of this application is available to you on request.

INCOMPLETE APPLICATIONS  
MAY NOT BE CONSIDERED.

APPLICATIONS ARE KEPT ACTIVE FOR 90 DAYS

RETURN TO: Personnel Director  
417 Medical Center Parkway  
Selma, AL 36701  
Telephone (334) 418-6552



**EEO SELF-IDENTIFICATION FORM (RACE & GENDER)**

**PLEASE READ ALL INSTRUCTIONS CAREFULLY**

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, gender, age, veteran status or disability. This organization is subject to certain nondiscrimination and affirmative action record-keeping and reporting requirements which require us to invite job applicants and employees to voluntarily self-identify their race/ethnicity and gender. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulation, including those which require the information to be summarized and reported to the federal government for civil rights enforcement purposes.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORMS.

If you chose not to self-identify at this time, the federal government requires this employer to determine the information asked below by visual survey and/or other available information.

**INVITATION TO SELF-IDENTITY**

PLEASE PRINT

Name: \_\_\_\_\_  
Last First Middle

Position applied for: (list only one) \_\_\_\_\_

What is your gender?  Male  Female

What is your race/ethnicity? You may mark ONLY ONE box.

**Hispanic/Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race

**White** (not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

**Black or African American** (not Hispanic or Latino): a person having origins in any of the black racial groups of Africa

**Asian** (not Hispanic or Latino): a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

**Native Hawaiian or Pacific Islander** (not Hispanic or Latino): a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment

**Two or more races** (not Hispanic or Latino): all persons who identify with more than one of the above five races

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

