



# Mental Health Association of Franklin and Fulton Counties

*A Peer Run Organization*

## Employment Application

*Please Print Clearly*

\_\_\_\_\_ Date

\_\_\_\_\_ Legal Name

\_\_\_\_\_ Preferred Name

\_\_\_\_\_ Address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

\_\_\_\_\_ Phone Number

\_\_\_\_\_ E-mail Address

### EDUCATION/TRAINING

Position applying for: \_\_\_\_\_

<b>High School:</b> 9 10 11 12 <b>Diploma/GED:</b> Yes    No	<b>Veteran:</b> Yes    No
<b>College:</b> 1 2 3 4 <b>Degree:</b> _____	<b>Military Certifications:</b>
<b>Other Training:</b> _____	

Do you possess a current drivers license?                      Yes                      No

### WORK EXPERIENCE

Dates Worked	Employer	Position	Reason for Leaving
to			
to			
to			



# Mental Health Association of Franklin County Inc.

*A Peer Run Organization*

## Employment Application

### REFERENCES

Name	E-Mail Address	Phone

Please use this space for additional information you would like to share about yourself.

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I certify that the information provided in this application is accurate to the best of my ability and I understand that any information found to be falsified could be grounds for termination:

\_\_\_\_\_  
Signature of Candidate

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