



# Delta Health Alliance

PO Box 277  
Stoneville, MS 38776  
662-686-3520  
662-686-3522 (fax)

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT  
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Position applied for and salary desired: (1) \_\_\_\_\_, (2) \_\_\_\_\_  
(Be specific)

**PLEASE COMPLETE PAGES 1-5.**

**Name** \_\_\_\_\_  
Last First Middle Maiden

**Present address** \_\_\_\_\_  
Number Apt# Street City State Zip

**How long** \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Home phone** ( ) \_\_\_\_\_ **Business phone** ( ) \_\_\_\_\_ **Cell phone** ( ) \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_ Email: \_\_\_\_\_

Are you currently authorized to work in the United States? \_\_\_\_\_  
(Proof of Citizenship or Immigration status will be required upon offer of employment)

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME ONLY

What date are you available to begin working? \_\_\_\_\_

If you have any relative(s) employed at DHA, provide their name, relationship, and department where employed.

\_\_\_\_\_

## EDUCATION

Name and Location	From Month/Year	To Month/Year	Major/Degree or # Years	Did you graduate?
High School/GED:				
Vocational/Technical School:				
College/University:				
Postgraduate:				
Other:				

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

**APPLICATION FOR EMPLOYMENT**

APPLICANT'S NAME \_\_\_\_\_

Have you ever been convicted or plead guilty to a crime (Felony or Misdemeanor including DUI) other than routine traffic citations?  YES  NO

If yes, please explain. (A record of conviction will not necessarily bar you from employment.)

Have you ever been dismissed from employment for cause?  YES  NO

If yes, explain: \_\_\_\_\_

If applicable for the position applied for, note any current certificate, license (i.e. driver's license), and/or registration:

\_\_\_\_\_  
\_\_\_\_\_

Expiration Date:

\_\_\_\_\_  
\_\_\_\_\_

**Skills:** List any skills, training, or other qualifications that you feel are applicable to the position for which you have applied:

Typing WPM \_\_\_\_\_

Dictation WPM \_\_\_\_\_

Specialized word processing or computer-related skills:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

**APPLICATION FOR EMPLOYMENT**

APPLICANT'S NAME \_\_\_\_\_

**Employment: List present or most recent employment first.** List all employment experience including military and volunteer service. Show employment history for the past ten years or from the time you left school (if employed less than ten years). You may attach supporting documents (resume, letters of reference, etc.). If you choose to attach a resume, you may use (See Resume) in the job title and duties section. This information will be used in reference checks necessary for further consideration. Failure to answer all items in the following section may eliminate you from further consideration. If necessary, please attach a supplement page for listing additional employment history.

**EMPLOYMENT HISTORY**

Name of Employer  Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From  To	Start  Final
Name of Supervisor		Your last job title:	
Reason for Leaving (be specific)  List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of Employer  Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From  To	Start  Final
Name of Supervisor		Your last job title:	
Reason for Leaving (be specific)  List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

**APPLICATION FOR EMPLOYMENT**

APPLICANT'S NAME \_\_\_\_\_

**Employment: List present or most recent employment first.** List all employment experience including military and volunteer service. Show employment history for the past ten years or from the time you left school (if employed less than ten years). You may attach supporting documents (resume, letters of reference, etc.). If you choose to attach a resume, you may use (See Resume) in the job title and duties section. This information will be used in reference checks necessary for further consideration. Failure to answer all items in the following section may eliminate you from further consideration. If necessary, please attach a supplement page for listing additional employment history.

**EMPLOYMENT HISTORY CONTINUED**

Name of Employer  Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From  To	Start  Final
Name of Supervisor	Your last job title:		
Reason for Leaving (be specific)  List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of Employer  Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From  To	Start  Final
Name of Supervisor	Your last job title:		
Reason for Leaving (be specific)  List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

**APPLICATION FOR EMPLOYMENT**

APPLICANT'S NAME \_\_\_\_\_

May we contact your present employer?     YES     NO

Did you complete this application yourself?     YES     NO

If not, who did? \_\_\_\_\_

**CERTIFICATION OF APPLICANT**

I understand that this document is an employment application and not a contract of employment. I understand that upon offer and acceptance of employment with Delta Health Alliance (DHA) that, unless I am offered and have accepted a written employment contract with DHA which contract must be executed by both parties prior to being effective, my employment is at will, which means I have the right to terminate my employment at any time, with or without notice or reason, and DHA has the same right. I certify that all information provided on this application and all other accompanying documentation is true and complete to the best of my knowledge and belief, and that I have withheld nothing which would, if disclosed, unfavorably affect my status as an applicant. I understand that employment in certain positions may be conditioned upon a review of criminal records. I further authorize DHA to obtain a copy of my motor vehicle record if employed in a position requiring or permitting use of a motor vehicle in doing my job. I agree to submit to testing for drugs or alcohol as may be required or permitted by applicable law. I authorize DHA to request and obtain records and secure any other information to determine the accuracy of my responses and otherwise aid in making an employment decision. I hereby release from liability all individuals and organizations who provide information to DHA and specifically authorize my prior employers to release any requested information. I agree to acquaint myself with and abide by all applicable rules, regulations and policies upon my acceptance of employment with DHA. I understand that any misleading or incorrect statements I make on this application are grounds for rejection of my application or termination of any subsequent employment with DHA. I have read, understand, and agree to all of the terms and conditions stated above.

BY SIGNING BELOW, I have read and understand the foregoing statement of agreement and accept the terms stated therein.

\_\_\_\_\_  
Applicant's Name (printed)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# VOLUNTARY DEMOGRAPHIC DATA

The Delta Health Alliance (DHA) is committed to equal employment opportunity and affirmative action. DHA requests and maintains the following data on all applicants for employment. This information will be used for statistical summaries of employment practices, and to monitor DHA's compliance with equal employment opportunity requirements. Your voluntary submission of this form is encouraged and greatly appreciated.

## TO BE COMPLETED BY APPLICANT:

1. HIRING DEPARTMENT OR OFFICE: \_\_\_\_\_
2. SPECIFIC POSITION APPLIED FOR: \_\_\_\_\_
3. NAME OF APPLICANT: \_\_\_\_\_
4. GENDER: Male \_\_\_\_\_ Female \_\_\_\_\_
5. ETHNICITY: Hispanic or Latino \_\_\_\_\_  
Non Hispanic or Latino \_\_\_\_\_
6. RACE: American Indian/Alaskan Native \_\_\_\_\_  
Asian \_\_\_\_\_  
Black or African American \_\_\_\_\_  
Caucasian \_\_\_\_\_  
Hispanic \_\_\_\_\_  
Native Hawaiian/Pacific Islander \_\_\_\_\_  
Other/two or more \_\_\_\_\_
7. VETERAN STATUS (Check, if applicable):  
Complete this section if you served in the U.S. Armed Forces.  
  
Vietnam Era Veteran (February 28, 1961 - May 7, 1975): \_\_\_\_\_  
  
Other Eligible Veteran: \_\_\_\_\_ Please list war, campaign or expedition \_\_\_\_\_  
  
Branch of Service: \_\_\_\_\_  
  
Period of Active Duty (month/year) \_\_\_\_\_ Speciality: \_\_\_\_\_
8. SOURCE OF POSITION INFORMATION:  
  
From what source did you learn of this position? \_\_\_\_\_  
  
If by advertisement, please name publication. \_\_\_\_\_

For Office Use:  
**Hiring Department/Office:**

**AA File Number:**

**Job Title and Job Classification Number:**

**Return to: Delta Health Alliance, P.O. Box 277, Stoneville, MS 38776;  
Telephone: (662) 686-3520; Fax (662) 686-3522**