



# Mary Hall Freedom Village, Inc.

Post Office Box 501205 Atlanta, GA 31150  
Telephone: (770) 642- 5500 Fax (770) 729-4504

E-mail: [hr@mhfh.org](mailto:hr@mhfh.org)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_  
Today's Date Specific Position/Type of Work Desired Salary Desired

## APPLICANT PROFILE

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

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City State Zip Code How long at This Address

\_\_\_\_\_  
Daytime Telephone Evening Telephone Fax Number E-mail

\_\_\_\_\_  
Previous Address

\_\_\_\_\_  
City State Zip Code How long at This Address

Referral Source: ( ) Relative ( ) Staff Member ( ) Walk-In ( ) Website ( ) Other: \_\_\_\_\_

Are you at least 18 years old? ( ) Yes ( ) No If no, can you provide proof of your eligibility to work? ( ) Yes ( ) No

Are you at least a United States citizen or an individual legally authorized to work in the United States? ( ) Yes ( ) No

Are you available to work: ( ) Full Time ( ) Part Time ( ) Contract/Project ( ) Temporary ( ) Volunteer

Will travel if job requires it? ( ) Yes ( ) No

Are you able to work overtime if required? ( ) Yes ( ) No

If no, please explain \_\_\_\_\_

Have you applied here before? ( ) Yes ( ) No If yes, for what position(s) \_\_\_\_\_

Mary Hall Freedom Village Inc., holds a protected legal right, under Title VII of the U.S. Constitution, to offer equal employment to all individuals, regardless of race, ethnicity, religion, sexual orientation, disability, nationality, or age.

Were you previously employed by Mary Hall Freedom Village Inc.? ( ) Yes ( ) No If yes, when? \_\_\_\_\_

Are you related to any staff members of Mary Hall Freedom Village Inc.? ( ) Yes ( ) No

If so, to whom? \_\_\_\_\_ What is the relationship? \_\_\_\_\_

Have you ever plead guilty or no contest to a crime or been convicted of a felony other than a minor traffic violation?  
( ) Yes ( ) No If yes, please attach a letter of explanation that provides details.

## Employment History

Mary Hall Freedom Village Inc., requires this section to be completed in detailed and chronological order. Please respond to **ALL** information requested. Explain any lapse in employment in the "Additional Information" section provided.

Employer \_\_\_\_\_ Dates Employed from \_\_\_\_\_ to \_\_\_\_\_

Starting Job Title \_\_\_\_\_ Final Job Title \_\_\_\_\_

Starting Hourly Rate/Salary: \$ \_\_\_\_\_ Final Hourly Rate/Salary: \$ \_\_\_\_\_

Company Address \_\_\_\_\_

Immediate Supervisor and Title \_\_\_\_\_ Telephone \_\_\_\_\_

Duties Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we contact? ( ) Yes ( ) No

Employer \_\_\_\_\_ Dates Employed from \_\_\_\_\_ to \_\_\_\_\_

Starting Job Title \_\_\_\_\_ Final Job Title \_\_\_\_\_

Starting Hourly Rate/Salary: \$ \_\_\_\_\_ Final Hourly Rate/Salary: \$ \_\_\_\_\_

Company Address \_\_\_\_\_

Immediate Supervisor and Title \_\_\_\_\_ Telephone \_\_\_\_\_

Duties Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we contact? ( ) Yes ( ) No

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Employer \_\_\_\_\_ Dates Employed from \_\_\_\_\_ to \_\_\_\_\_

Starting Job Title \_\_\_\_\_ Final Job Title \_\_\_\_\_

Starting Hourly Rate/Salary: \$ \_\_\_\_\_ Final Hourly Rate/Salary: \$ \_\_\_\_\_

Company Address \_\_\_\_\_

Immediate Supervisor and Title \_\_\_\_\_ Telephone \_\_\_\_\_

Duties Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we contact? ( ) Yes ( ) No

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Employer \_\_\_\_\_

Dates Employed from \_\_\_\_\_ to \_\_\_\_\_

Starting Job Title \_\_\_\_\_ Final Job Title \_\_\_\_\_

Starting Hourly Rate/Salary: \$ \_\_\_\_\_ Final Hourly Rate/Salary: \$ \_\_\_\_\_

Company Address \_\_\_\_\_

Immediate Supervisor and Title \_\_\_\_\_ Telephone \_\_\_\_\_

Duties Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we contact? ( ) Yes ( ) No

Additional information you think we might need to know:

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Have you ever been discharged or asked to resign? ( ) Yes ( ) No

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If yes, please explain:

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<b>EDUCATION AND/OR TRAINING</b>					
	<b>Name and Location of School</b>	<b>Years Completed</b>	<b>Did You Graduate?</b>	<b>Degree Received</b>	<b>Course of Study</b>
High School	<hr/> <hr/>				
College or University	<hr/> <hr/>				
Trade, Business, Technical or Correspondence School	<hr/> <hr/>				

## Skills

Please check all skills you possess, including the equipment you can operate, and/or any software application experience:

- PC/MAC                       Typing (wpm) \_\_\_\_\_                       Microsoft Office Suite
- LPC                               LCSW                               CAC I                               CADC                               CARES
- LAPC                               LMSW                               CACII                              MAC                               CPS
- LMFT                               Other \_\_\_\_\_

## References

List the names and email addresses of up to three references who are not related to you.

Reference type:  Business     Education     Personal    Title/Relationship: \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Reference type:  Business     Education     Personal    Title/Relationship: \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Reference type:    Business    Education    Personal    Title/Relationship: \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_

## Physical Record

Do you have any physical condition that may limit your ability to perform the job to which you are applying? If so, please explain. (This question is voluntary, and all answers will be kept confidential.)

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In case of emergency notify \_\_\_\_\_  
Name Telephone

Address City State Zip Code

# Affidavit

## AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, school and others. I understand I have the right to make a written request within a reasonable time for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature:

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