

METROPOLITAN MENTAL HEALTH CLINIC, INCORPORATED (MMHC)
96 Harry S. Truman Drive, Suite 250
Upper Marlboro, Maryland 20774

Office: (301) 324-0600

Fax: (301) 324-5009

APPLICATION

Check One: Therapist Rehabilitation Coordinator (R/C) Other: _____

PERSONAL INFORMATION:

Name: _____

Last

First

MI

Address: _____

Street Address

City

State

Zip Code

Date of Birth: _____ Race: _____ Marital Status: _____

Social Security Number: _____ Email Address: _____

Telephone Number: Home _____ Business: _____

U.S. Citizen? [] Yes [] No If No, give the country of your citizenship: _____

EDUCATION:

Mark the highest level completed:

[] Some HS [] HS/GED [] Associate [] Bachelor [] Master [] Doctorate

Last High School or GED School: _____

School

City/State/Zip Code

Year Diploma or GED Received: _____

Colleges and Universities Attended:

1. Name: _____ City/State: _____

Semester Credit Hours Earned: _____ Quarter Hours Earned: _____

Major (s) or Degree (if earned): _____

Date Received: _____

2. Name: _____ City/State: _____

Semester Credit Hours Earned: _____ Quarter Hours Earned: _____

Major (s) or Degree (if earned): _____

Date Received: _____

3. Name: _____ City/State: _____

Semester Credit Hours Earned: _____ Quarter Hours Earned: _____

Major (s) or Degree (if earned): _____

Date Received: _____

LIST JOB RELATED SPECIALIZED TRAINING, LICENSES, CERTIFICATES:

EXPERIENCE: Describe your paid and non-paid work experience related to the job for which you are applying. Begin with most recent employment.

1. Job Title: _____ Salary: _____ (per month)
Employer's Name: _____
Address: _____
Supervisor's Name: _____ Phone Number: _____
From: _____ To: _____ Reason for Leaving: _____
Duties: _____

2. Job Title: _____ Salary: _____ (per month)
Employer's Name: _____
Address: _____
Supervisor's Name: _____ Phone Number: _____
From: _____ To: _____ Reason for Leaving: _____
Duties: _____

3. Job Title: _____ Salary: _____ (per month)
Employer's Name: _____
Address: _____
Supervisor's Name: _____ Phone Number: _____
From: _____ To: _____ Reason for Leaving: _____
Duties: _____

May we contact your current supervisor? Yes No (If we need to contact your supervisor before making an offer, we will contact you first.)

Have you ever been convicted of any violation of the law other than minor traffic violations? [] Yes [] No

If yes, give date, place of conviction, charge and disposition of each case.

REFERENCES: (List 3 references. Do not list family members)

(Important – Please provide current and accurate phone numbers and addresses)

Name: _____
Address: _____
City/State: _____
Phone: _____

Name: _____
Address: _____
City/State: _____
Phone: _____

Name: _____
Address: _____
City/State: _____
Phone: _____

APPLICANT CERTIFICATION AND SIGNATURE:

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information may be grounds for not hiring me or for firing me, after I begin work.

Applicant Signature

Date

Metropolitan Mental Health Clinic, Incorporated is an Equal Opportunity Employer