



THREE RIVERS COLLEGE

BEHAVIORAL HEALTH SUPPORT PROGRAM ADMISSION APPLICATION

Applicant Information

Full name:	_____	Date:	_____
	<i>Last</i> <i>First</i> <i>M.I.</i>		
Address:	_____	Phone:	_____
	<i>Street address</i> <i>Apt/Unit #</i>		
	_____	Email:	_____
	<i>City</i> <i>State</i> <i>Zip Code</i>		

Successfully completed ENGL 111-
College Writing? Yes No

Reviewed and are able to meet the
Behavioral Health Support Program
Essential Abilities? Yes No

Have you ever been convicted of a felony? Yes No If yes, explain? _____

If yes, have you reviewed the Missouri
Department of Mental Health Instructions
for Exception due to Criminal History? Yes No

If yes, have you begun the application
process? Yes No

Education

High school: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Date: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

References

Please list three professional references.

Full name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Current Employment

Are you currently employed for a Missouri Department of Mental Health, Division of Behavioral Health contracted agency?

Yes

No

Please list your most current employer.

Company: _____

Phone: _____

Address: _____

Supervisor: _____

Job title: _____

From: _____

To: _____

Responsibilities: _____

May we contact your supervisor for a reference?

Yes

No

Military Service

Branch: _____

From: _____

To: _____

Rank at discharge: _____

Type of discharge: _____

If other than honorable, explain: _____

Mail application to:

Three Rivers College
Attn: Corey Reynolds
2080 Three Rivers Blvd.
Poplar Bluff MO 63901
Phone: 573-840-9672
Fax: 573-840-9055

You may also email applications to the program coordinator, Corey Reynolds:
creynolds@trcc.edu.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to admission into the program, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Three Rivers College is an equal opportunity institution that commits itself to the policy that there will be no unlawful discrimination against any person because of race, color, gender, sexual orientation, religion, age, disability, or national origin.