



Have you ever been convicted of a crime in the past 10 years, excluding misdemeanors and summary of offenses, which has not been annulled, expunged or sealed in a court?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe below: \_\_\_\_\_  
\_\_\_\_\_

Have you received worker compensation or disability payments? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe: \_\_\_\_\_

Do you have any physical conditions that might limit your ability to perform the job for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe limitations and how you can perform job duties in spite of physical condition:

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

Have you had a major illness in the past five years? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe:

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

**EDUCATION:**

<u>Name and Location:</u>	<u>Course of Study</u>	<u>No. of Years Completed:</u>	<u>Graduation Date:</u>	<u>Degree or Diploma:</u>
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**Graduate:**

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

**College:**

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

**High School:**

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

**Other:**

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

**Provide dates you attended school:**

**High School:** From \_\_\_\_\_ to \_\_\_\_\_

**College:** From \_\_\_\_\_ to \_\_\_\_\_

**Graduate:** From \_\_\_\_\_ to \_\_\_\_\_

**Other: (give name and dates)** \_\_\_\_\_

**Describe any training received relevant to the position for which you are applying:**

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

**Describe specialized clinical experience (e.g. domestic violence, sexual abuse (victim/offender), crises intervention, if any:**

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

**What population would you prefer to service?** \_\_\_\_\_

\_\_\_\_\_

**What population, if any, would you feel uncomfortable working with?** \_\_\_\_\_

\_\_\_\_\_

**What geographical area(s) are you willing to serve/not serve?** \_\_\_\_\_

\_\_\_\_\_

**Professional Licensure:** \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY:**

**Please give an accurate and complete full-time and part-time employment record. Start with your present or most recent employer. \*\*\*We may contact the employers listed below unless you indicate those you do not want us to contact\*\*\* Check F= Fulltime, P=Part-time, T=Temporary and I= Internship**

**1. Employer:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Telephone:** ( ) \_\_\_\_\_ **Name of Supervisor:** \_\_\_\_\_

**Employed From** \_\_\_\_\_ **to** \_\_\_\_\_ **F** \_\_\_ **P** \_\_\_ **T** \_\_\_ **I** \_\_\_

**Rate of Pay: Start:** \$ \_\_\_\_\_ **Last:** \$ \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Duties:** \_\_\_\_\_

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

**Reason for Leaving?** \_\_\_\_\_

**2. Employer:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Telephone:** ( ) \_\_\_\_\_ **Name of Supervisor:** \_\_\_\_\_

**Employed From** \_\_\_\_\_ **to** \_\_\_\_\_ **F** \_\_\_ **P** \_\_\_ **T** \_\_\_ **I** \_\_\_

**Rate of Pay: Start:** \$ \_\_\_\_\_ **Last:** \$ \_\_\_\_\_

Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving? \_\_\_\_\_  
\_\_\_\_\_

3. Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Employed From \_\_\_\_\_ to \_\_\_\_\_ F \_\_\_\_\_ P \_\_\_\_\_ T \_\_\_\_\_ I \_\_\_\_\_  
Rate of Pay: Start: \$ \_\_\_\_\_ Last: \$ \_\_\_\_\_  
Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving? \_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE:**

*The information provided in this application is true, correct and complete. If employed any misstatement or omission of fact on this application may result in my dismissal.*

*I understand that acceptance of an offer of employment does not create a contractual obligation upon employer to continue to employ me in the future.*

*If you decide to engage an investigative consumer reporting on my credit and personal I authorize you to do so. If a report is obtained you must provide, at my request, the name to the agency so I may obtain from them the nature and substance of the information contained in the report.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature