

**EMPLOYMENT APPLICATION**

**PLEASE TYPE OR PRINT:**

Last Name:	First Name:	Middle Name:	Maiden Name:
Address: Street	City	State	Zip Code
Telephone Numbers: Home: (    )		Cell: (    )	Work: (    )
Social Security Number:    -    -	Drivers License Number:		State:
Position Applied for:	Date of Application:        /        /		
What date would you be available to begin work? Give Date:        /        /			
How much time per week are you available to see clients?        Hrs/Wk    Fill in the actual daily hours available?			
Mon	Tues	Wed	Thur
Fri	Sat	Sun	
Are you able to provide services in the client's home setting?			Yes    /    No
Are you a U.S. citizen? If not, do you have authorization for employment from the immigration and Naturalization Service?			Yes    /    No
Have you ever been a defendant in a civil action for an intentional tort? If yes, please describe the nature of the intentional tort (e.g., fraud, assault, battery, etc.)			Yes    /    No
_____			
_____			
_____			
Have you ever been convicted of any crime?			Yes    /    No
If yes, describe the nature of the crime, the date of any conviction, and the nature of any penalty imposed.			
_____			
_____			
_____			

**We are a drug free workplace and an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran starts, sexual orientation, or any other legally protected status. Drug testing may be required for employment.**

## **ADDITIONAL INFORMATION, REFERENCES AND STATEMENT**

**Are you currently employed?**

Yes / No

**May we contact your present employer?**

Yes / No

**State Licensure: List any professional license you have held within the past 5 years.**

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Type: \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_/\_\_\_\_

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Type: \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Highest Degree/Education/Training:** (Please list any additional Education/Training of a separate sheet of paper.)

Institution: \_\_\_\_\_ Degree Awarded: \_\_\_\_\_

Field of Study/Major Concentration: \_\_\_\_\_

Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **APPLICANT'S STATEMENT AND CONSENT:**

I certify that the information given in this application is true and complete to the best of my knowledge. I authorized investigation by Healing Transitions Creative Counseling for Children & Families Inc. of all statements made in this employment application as may be necessary in arriving at an employment decision. I consent to Healing Transitions Creative Counseling for Children & Families Inc. contacting all former employers, references, and current employee, if indicated above.

I also consent Healing Transitions Creative Counseling for Children & Families Inc. checking my driving and criminal history.

This application shall be considered active for a period not to exceed 45 days. Anyone wishing to be considered for employment beyond this, should inquire as to whether or not, applicants are being accepted at that time.

In the event of employment with Healing Transitions Creative Counseling for Children & Families Inc. I understand that false or misleading information given in my application or interviews may result in discharge. I understand also that I am required to abide by all rules and regulations of Healing Transitions Creative Counseling for Children & Families Inc.

Signature of Applicant

Date