www.healing-transitions.com

EMPLOYMENT APPLICATION

PLEASE TYPE OR PRINT:

Fir	est Name:	Middle Name:		J	Maiden Name:		
reet		City	State	2	Zip Code		
Telephone Numbers: Home: () Cell:				Work: ()		
Social Security Number: Drivers License Number:							
Position Applied for: Date of Applic				ion:	/ /		
What date would you be available to begin work? Give Date: / /							
ch time per week are you available to see clients? Hrs/Wk Fill in the actual daily hours av					y hours available?		
Tues	Wed	Thur	Fri	Sat	Sun		
Are you able to provide services in the client's home setting?					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?Yes/NoIf 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? If yes, describe the nature of the crime, the date of any conviction, and the nature of any penalty imposed.					/ No		
	reet pers: Home: () Number: - for: you be available per week are yo Tues provide services tizen? If not, do n the immigratic een a defendant be the nature of the mature of the crime,	pers: Home: () Jumber: - D for: you be available to begin word per week are you available to Tues Wed provide services in the client's attizen? If not, do you have auther n the immigration and Natural per a defendant in a civil action per action of the intentional tort (action per acture of the crime, the date of any crime?	reet City Pers: Home: () Cell: () Rumber: - Drivers License R for: Da you be available to begin work? Give Date: per week are you available to see clients? Tues Wed Thur orovide services in the client's home setting? Itizen? If not, do you have authorization for an the immigration and Naturalization Service? een a defendant in a civil action for an intentione the nature of the intentional tort (e.g., fraud, assault, assault, assault, between convicted of any crime?	reet City State vers: Home: () Cell: () Jumber: - - Drivers License Number: for: Date of Applicat you be available to begin work? Give Date: / you be available to begin work? Give Date: / per week are you available to see clients? Hrs/Wk Fi Tues Wed Thur Fri Fri orovide services in the client's home setting? attizen? If not, do you have authorization for in the immigration and Naturalization Service? een a defendant in a civil action for an intentional tort? eet the nature of the intentional tort (e.g., fraud, assault, battery, etc.) een convicted of any crime? ature of the crime, the date of any conviction,	reet City State 2 Pers: Home: () Cell: () Work: (Aumber: - Drivers License Number: for: Date of Application: / you be available to begin work? Give Date: / / per week are you available to see clients? Hrs/Wk Fill in the actual dail Tues Wed Thur Fri Sat Provide services in the client's home setting? Yes / titzen? If not, do you have authorization for a the immigration and Naturalization Service? Yes / een a defendant in a civil action for an intentional tort? Yes / een a defendant in a civil action for an intentional tort? Yes / een convicted of any crime? Yes / ature of the crime, the date of any conviction,		

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: Typ	e: Ex	p Date	//				
State: License Number: Typ	e: Ex	p Date	//				
Highest Degree/Education/Training: (Please list any addition Institution:	Degree	Award	ed:				
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 Crea understand that false or misleading information given in m discharge. I understand also that I am required to abide by Creative Counseling for Children & Families Inc.	y application o	r interv	iews may result in				
Signature of Applicant			Date				