



*Let's Grow Together*

# APPLICATION FOR EMPLOYMENT

## Personal History

Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Referred By: \_\_\_\_\_

Position Applying For: \_\_\_\_ Therapy \_\_\_\_ Case Management \_\_\_\_ Clerical      Expected Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_

Date Available for Work: \_\_\_\_\_ Type of Employment: \_\_\_\_ Full-Time \_\_\_\_ Part-Time \_\_\_\_ Contract \_\_\_\_ Intern

Have you ever been convicted of a crime, excluding misdemeanors and traffic offenses? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain:

## Education History

Type	Name of School	City, State	Last Year Attended	Graduated	Degree/Certificate	Date	GPA
High School			__ 9 __ 10 __ 11 __ 12	<input type="checkbox"/> YES <input type="checkbox"/> NO			
College			__ 1 __ 2 __ 3 __ 4	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Graduate Degree				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Business or Trade School				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Special Training				<input type="checkbox"/> YES <input type="checkbox"/> NO			

Professional Licenses (For example, LPCA, LPCC, etc.) \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ N/A

If Yes, please list below:

Type of License: \_\_\_\_\_ License State & Number: \_\_\_\_\_

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Therapeutic Specialties (please list any specialties such as PTSD, Play Therapy, Art Therapy, etc.)

Are you attending school now? \_\_\_\_ Yes \_\_\_\_ No

If yes, indicate course and study: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

**Case Manager Training:**

\_\_\_\_ 12 Hour Core \_\_\_\_\_ Date Completed \_\_\_\_\_ SMI \_\_\_\_\_ Date Completed

\_\_\_\_ SED \_\_\_\_\_ Date Completed \_\_\_\_\_ SUD \_\_\_\_\_ Date Completed

**Work History**

Employers Name: \_\_\_\_\_ Employers Address: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ Job Title: \_\_\_\_\_

Job Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Salary History: Start \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

Employers Name: \_\_\_\_\_ Employers Address: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ Job Title: \_\_\_\_\_

Job Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Salary History: Start \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

Employers Name: \_\_\_\_\_ Employers Address: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ Job Title: \_\_\_\_\_

Job Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Salary History: Start \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

**PLEASE REVIEW AND SIGN BELOW**

The information given by me is certified to be true and complete for all practical purposes. It may be verified by Intrust or any affiliate thereof. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that Intrust and its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse. I understand that my employment may be dependent upon my passing a physical examination at Company expense.

**NOTICE**

Under the Fair Credit Reporting Act (Public Law 91-508), you are advised that an investigative consumer report may be requested for applicable information concerning your character, general reputation, personal characteristics, and financial responsibility. Such report would be sought through prior employers, educational institutions, appropriate law enforcement agencies, and/or credit reporting companies. Within a reasonable timeframe, and upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**RELEASE**

I hereby authorize prior employers to provide such information concerning my employment with them that may be requested and authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript, and if available, faculty appraisals.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_