

APPLICATION FOR EMPLOYMENT

Family Life Counseling & Psychiatric Services

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

LAST NAME FIRST NAME MIDDLE INITIAL		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS	REFERRED BY		
PRIMARY PHONE ()		SECONDARY PHONE ()	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	WAGE DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EVER APPLIED TO THIS AGENCY BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE?	WHEN?

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL		DID YOU GRADUATE	MAJOR
HIGH SCHOOL			
COLLEGE			
POST-COLLEGE			

GENERAL INFORMATION

SPECIALIZED TRAINING OR CONTINUED EDUCATION	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE & MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES ~ 3 REQUIRED

(GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	PHONE	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This wavier does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS	CHARACTER			
PERSONALITY	ABILITY			
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: _____

CLINICAL DIRECTOR/BUSINESS ADMINISTRATOR