

True Life Destinations
EMPLOYMENT APPLICATION

Programs, services, and employment are equally available to everyone. Please inform us if you require reasonable accommodations for the application or interview.

Position Applied for _____ Date of Review _____

How were you referred to us? _____

Are you employed now? (circle one) YES or NO
If so, may we inquire of your present employer? _____

Are you under an employment contract with any other agency? (circle one) YES or NO

APPLICANT DATA:

Full Name:

(Last) (First) (Middle)

Social Security Number: _____ - _____ - _____ DOB: _____

Driver's License Number: _____ - _____ - _____ State: _____

Address:

(Street) (Apt)

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Cell/Other: (____) _____ - _____

Email: _____

Date available to start: _____ Salary Requirements: _____

Are you a citizen of the United States? (circle one) YES or NO

If not, are you legally allowed to work in the United States? (circle one) YES or NO

Military Experience (circle one): YES or NO

Branch: _____ Rank: _____ Date of Services: _____ to _____

Type of Employment Desired: Full-Time Part-Time*

*If applying for Part-Time, would you be interested in Full-Time employment if an opportunity becomes available? (circle one) YES or NO

Have you ever pled “guilty”, “no contest”, or been convicted of a crime? Yes No
 Have you ever been or are you the subject of a complaint of child abuse or neglect? Yes No
 Have you ever been convicted of misdemeanor assault & battery? Yes No
 If you answered yes to the above questions, provide the dates, the type of charge (felony or misdemeanor), and further details:

*Answering YES to these questions does not constitute an automatic rejection for employment. The date of the offense, the seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

EDUCATIONAL EXPERIENCES:

Education	Name & Location (City & State)	# of Years Attended	Did you Graduate?	Degree Type & Major (Masters/Bachelors/ Associate)
University or College (Graduate)				
University or College (Undergraduate)				
Trade, Business, or other School				
High School				

QMHP-A/C License # (if applicable) _____ **Expiration Date:** _____

A copy of your license will be requested if offered a position

GENERAL:

Summarize your special skills, qualifications and extra-curricular activities:

Special Skills: _____

Qualifications: _____

Activities: (Community Service, Athletic, etc.) _____

EMPLOYMENT HISTORY:

(Begin with the most RECENT position & complete ALL fields)

1. Dates of Employment: From: _____ To: _____ Full Time or Part Time (circle one)

Company/Firm/Agency: _____

Address: _____

Phone: _____ Supervisor: _____ Title: _____

Position(s) Held: _____

Responsibilities: _____

Reason for Leaving: _____

Starting Salary and Title: _____

Ending Salary and Title: _____

May we contact this employer as a reference? Yes No

2. Dates of Employment: From: _____ To: _____ Full Time or Part Time (circle one)

Company/Firm/Agency: _____

Address: _____

Phone: _____ Supervisor: _____ Title: _____

Position(s) Held: _____

Responsibilities: _____

Reason for Leaving: _____

Starting Salary and Title: _____

Ending Salary and Title: _____

May we contact this employer as a reference? Yes No

3. Dates of Employment: From: _____ To: _____ Full Time or Part Time (circle one)

Company/Firm/Agency: _____

Address: _____

Phone: _____ Supervisor: _____ Title: _____

Position(s) Held: _____

Responsibilities: _____

Reason for Leaving: _____

Starting Salary and Title: _____

Ending Salary and Title: _____

May we contact this employer as a reference? Yes No

REFERENCES:

Please list **2 PROFESSIONAL** references that can speak on your work performance in the **Human Services field** and **1 PERSONAL** reference that we may contact.

Name: _____

Address: _____

Title: _____

Phone: (HM) _____

(WK) _____

Email address: _____

Name: _____

Address: _____

Title: _____

Phone: (HM) _____

(WK) _____

Email address: _____

Name: _____

Address: _____

Title: _____

Phone: (HM) _____

(WK) _____

Email address: _____

FOR OFFICE USE ONLY:

References checked by: _____ Date: _____

Comments:

I certify that my answers are true and complete to the best of my knowledge. I authorize True Life Destinations to make such investigations and inquiries of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision.

I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) will result in discharge.

Signature of Applicant: _____ Date: _____

No Contract Disclosure

I, _____ (Print Name) certify that I am not under an employment contract with another other counseling agency.

Signature of Applicant: _____ Date: _____