

EDUCATION

HIGH SCHOOL: _____ CITY/STATE: _____

DID YOU GRADUATE? _____ DATE: _____ GED? _____ DATE: _____

COLLEGE CITY/STATE MAJOR MINOR DEGREE DATE

SPOUSE EDUCATION

HIGH SCHOOL: _____ CITY/STATE: _____

DID YOU GRADUATE? _____ DATE: _____ GED? _____ DATE: _____

COLLEGE CITY/STATE MAJOR MINOR DEGREE DATE

BACKGROUND

HAVE YOU OR YOUR SPOUSE EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY JOB? IF YES, PLEASE EXPLAIN. _____

HAVE YOU OR YOUR SPOUSE EVER BEEN CONVICTED OF A FELONY, MISDEMEANOR, OR TRAFFIC VIOLATION? _____

(CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT.)

IF YES, PLEASE EXPLAIN. _____

WHY ARE YOU INTERESTED IN WORKING WITH A MENTAL HEALTH CLIENT?

WHAT DO YOU AND YOUR FAMILY HAVE TO OFFER SUCH AN INDIVIDUAL?

HOW DID YOU HEAR ABOUT US? _____

DO YOU HAVE ANY PHYSICAL LIMITATIONS? _____

IF YES, PLEASE EXPLAIN. _____

WORK HISTORY (Please explain any gaps)

EMPLOYER: _____ SUPERVISOR: _____
POSITION: _____ DATES EMPLOYED: _____
REASON EMPLOYMENT ENDED: _____
ADDRESS: _____ PHONE #: _____
DUTIES: _____

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POSITION: _____ DATES EMPLOYED: _____
REASON EMPLOYMENT ENDED: _____
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EMPLOYER: _____ SUPERVISOR: _____
POSITION: _____ DATES EMPLOYED: _____
REASON EMPLOYMENT ENDED: _____
ADDRESS: _____ PHONE #: _____
DUTIES: _____

SPOUSE WORK HISTORY

EMPLOYER: _____ SUPERVISOR: _____
POSITION: _____ DATES EMPLOYED: _____
REASON EMPLOYMENT ENDED: _____
ADDRESS: _____ PHONE #: _____
DUTIES: _____

EMPLOYER: _____ SUPERVISOR: _____
POSITION: _____ DATES EMPLOYED: _____
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POSITION: _____ DATES EMPLOYED: _____
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ADDRESS: _____ PHONE #: _____
DUTIES: _____

LIST YOUR CURRENT WORK SCHEDULES. _____

REFERENCES

(LIST 6 PERSONAL/PROFESSIONAL REFERENCES)

1. NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ RELATIONSHIP: _____

2. NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ RELATIONSHIP: _____

3. NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ RELATIONSHIP: _____

4. NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ RELATIONSHIP: _____

5. NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ RELATIONSHIP: _____

6. NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ RELATIONSHIP: _____

BRIEFLY DESCRIBE YOUR HOME AND GIVE DIRECTIONS (SIZE, TYPE OF HOUSING AND LOCATION).

Applicant Information Release

I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold Community Support Service, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Signed: _____

Date: _____

Signed: _____

Date: _____

**YOU MUST SUBMIT A COUNTY CRIMINAL RECORD CHECK ON ALL ADULTS IN THE HOME
WITH THIS APPLICATION.**

YOUR APPLICATION WILL NOT BE PROCESSED UNTIL WE RECEIVE A CRIMINAL RECORD CHECK.