



Information will not be saved if form is filled out in your Internet browser. Save to Desktop before completing. Application for Employment

Basic Information

Name (Last, First, Middle), Social Security Number, Address (Street, City, Zip), Telephone

Position/type of work desired, Salary Requirements

Position/type of work applying for

When are you available for employment?

Are you now employed? Yes No

\*Have you ever been fired or forced to resign from a position you held? Yes No

\*Are you on layoff or subject to recall? Yes No

\*Have you ever been convicted of a felony? Yes No

Are you currently eligible for employment in the United States? Yes No

Do you have a valid driver's license? Yes No

Current license number #

Can you provide your own transportation on the job? Yes No

Do you have auto insurance? Yes No

Insurance Limits: Aggregate bodily injury:

Aggregate property damage:

Underinsured motorist:

Uninsured motorist:

\*If you answered yes to these questions, please explain in the interview.

Record of Education

Schools Attended

Secondary

Name, Address, Month/Year Graduated

College

Name, Address, Month/Year Graduated

Post Graduate

Name, Address, Month/Year Graduated

Name, Address, Month/Year Graduated

Degrees Earned

Degree, College/University, Year

Degree, College/University, Year

Degree, College/University, Year

**Additional Education, Experience, Licensure, or Published Works**

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**Skills Inventory**

- |   |   |  |                                   |
|---|---|--|-----------------------------------|
| <input type="checkbox"/> Bilingual            | <input type="checkbox"/> Awareness            | <input type="checkbox"/> Planning and Goal Setting | <input type="checkbox"/> Therapy  |
| <input type="checkbox"/> Budgeting            | <input type="checkbox"/> First Aid/CPR        | <input type="checkbox"/> Play Therapy              | <input type="checkbox"/> Training |
| <input type="checkbox"/> Case Management      | <input type="checkbox"/> Office Management    | <input type="checkbox"/> Program Development       | <input type="checkbox"/> Typing   |
| <input type="checkbox"/> Community Organizing | <input type="checkbox"/> Oral and Written     | <input type="checkbox"/> Substance Abuse           |                                   |
| <input type="checkbox"/> Computer Literate    | <input type="checkbox"/> Communication        | <input type="checkbox"/> Treatment                 |                                   |
| <input type="checkbox"/> Crisis Counseling    | <input type="checkbox"/> Organization         | <input type="checkbox"/> Supervisory Experience    |                                   |
| <input type="checkbox"/> Cultural Diversity   | <input type="checkbox"/> Personnel Evaluation | <input type="checkbox"/> Team-Building             |                                   |

**Employment History**

Please provide your employment history for the last ten years, listing your most recent employment experience first.

Employment Dates MM/YYYY	Position Title and Ending Salary	Employer's Name, Supervisor's Name, Company's Address, City, State, Zip, and Telephone	Reason for Leaving
from:  to:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
from:  to:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
from:  to:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
from:  to:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
from:  to:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Employment References** (Please do not include former employers or relatives.)

Name and Title	Address, City, State, Zip	Telephone	Years Known

I acknowledge that the information given in this application is true and correct to the best of my knowledge.

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Signature

Date





**Application Questionnaire**

As part of the application procedure, all applicants are requested to respond in their own hand to the questions listed below. You may use the space provided and the reverse of this sheet if necessary for your responses.

**What is your reason(s) for seeking employment with Bethany for Children and Families?**

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**What do you consider the single most important characteristic, quality, or skill you would bring to the position you have applied for?**

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**What do you believe to be your single most important achievement in your employment to date?**

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**What do you believe to be your greatest strengths and your greatest weaknesses that you would bring to this position?**

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