



LICENSED CLINICAL STAFF APPLICATION

Please Print

APPLICANT INFORMATION			
Last Name	First	M.I.	Application Date
Street Address		Apartment/Unit #	How long?
City	State	ZIP	
Day Phone		Home/Cell Phone	
E-mail Address	Social Security No.		
Previous Address	How long?		
Emergency Contact		Relationship	Phone
Position Desired		Desired Salary	
Applying for Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		Preferred Shift Length 6 hrs. <input type="checkbox"/> 8 hrs. <input type="checkbox"/> 10 hrs. <input type="checkbox"/> 12 hrs. <input type="checkbox"/>	
Do you have any commitments to another employer that might affect your employment with us? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever pleaded guilty to deferred adjudication? YES <input type="checkbox"/> NO <input type="checkbox"/>			
GENERAL INFORMATION			
Race/Ethnicity:			
Can you, submit employment verification of your legal right to work permanently in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have You ever been convicted of a felony, or pleaded no contest to a felony, or been convicted of a misdemeanor resulting in imprisonment or a fine? (criminal convictions are not an automatic bar to employment but will only be considered in relation to specific job requirements) YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, please explain;			
Have you worked under another name? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, what?	
Do you have a valid driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/>		In what state?	
List any languages you speak fluently			
Can you perform the essential functions of the job with or without reasonable accommodation? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Proficient in the following software			

EDUCATION/TRAINING			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
PROFESSIONAL LICENSES, REGISTRATIONS AND/OR CERTIFICATIONS			
Type	State Issued	Expiration Date	No.
Type	State Issued	Expiration Date	No.
Area of Specialization or Major Interests			
Other special training (including on-the-job), skills, experiences or education which increases your value to O'Hana and a Rosie Place			
Has your professional license/certification ever been suspended or revoked, or are you currently involved in any proceeding that could affect your license or certification? YES <input type="checkbox"/> NO <input type="checkbox"/>			
MILITARY SERVICE			
Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			
EMPLOYMENT HISTORY (Give a complete record of all employment. Start with the most recent employment.)			
1. Employer		Phone ()	
Address		Supervisor Name & Title	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
2. Employer		Phone ()	
Address		Supervisor Name & Title	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
3. Employer		Phone ()
Address		Supervisor Name & Title
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
REFERENCES		
Please list three professional references.		
Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		
DISCLAIMER AND SIGNATURE		
Will you be able to perform the functions and duties of the job which you are seeking? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If no, explain why? If you require more information about the job before answering this question, please ask.		
<p>Thank you for completing this application form and for your interest in working with us. A Rosie Place adheres to a policy of equal employment opportunity. All employment decisions are made without regard to race, religion, age, sex, color, national origin or handicap and in full compliance with all federal and state laws. Your opportunity for employment with us is based on your merit, past experience and your ability to perform the job. Further, any offer of employment may be conditioned upon the results of a medical examination, including a screening procedure of illegal drugs, which will occur before you begin work.</p> <p>I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I authorize A Rosie Place to investigate my background and to confirm information contained in this application and I release A Rosie Place and/or any other person, organization or institution from any and all liability that may result from any investigation into my background conducted by A Rosie Place.</p> <p>I understand that misrepresentation or omission of facts on this application or any other A Rosie Place records will cause for rejection of my application or my immediate discharge should I be subsequently employed. Further, I accept that nothing in this application or in granting of an interview implies or should be understood as a promise of employment. Also, I understand that should I be subsequently employed by A Rosie Place I have the right to terminate my employment at any time and that A Rosie Place may at its discretion terminate at any time with or without cause.</p>		
Signature		Date

AUTHORIZATION FOR RELEASE OF CRIMINAL RECORD INFORMATION

Last Name _____ First Name _____ M.I. _____

Address _____ Dates Lived Here _____

Please check your current and past counties of residence for the last (10) years.

Indiana Elkhart LaPorte Marshall St. Joseph Starke

Michigan Cass Berrien

County _____ _____ _____

State _____ _____ _____

Date of Birth _____ Any and All names used (including maiden name) _____

Social Security Number _____

I do hereby authorize the following Sheriff's Departments, FBI, Indiana State Repository, and The Background Information Services, Inc., to release to A Rosie Place and the O'Hana Heritage Foundation, any and all information which they may possess regarding any criminal offenses which I may have committed in any of these counties. I recognize that A Rosie Place and the O'Hana Heritage Foundation will use which information to verify the information which I have given in my application for employment. Therefore, I release these entities of any and all liabilities. The authorization shall remain in effect for one year from the date on which it was signed.

I have the right to make a request to A Rosie Place, upon proper identification, to request the nature and substance of all information in its file on me at the time of my request, including sources of information, and the recipients of any reports on me which A Rosie Place has previously furnished within a one year period proceeding my request.

I understand and agree that any omission, misleading statement, or answer made by me on my application or any supplements to it and any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name _____ Signature _____ Date _____

If you have been convicted for violating any law, place a check in the blank marked "yes" below. A "yes" will not disqualify you for employment consideration. Do not designate "yes" for traffic violations unless applying for motor vehicle operation. If you have not been convicted for violating any law, place a check in the blank marked "no". YES NO

If you have responded with a "yes", please explain the convictions below, to include location, charge, date of violation, county, state and disposition.

FOR OFFICE USE ONLY

Two forms of Identification (make 2 copies) 1 2

References

Reference 1

Comments

Reference 2

Comments

Reference 3

Comments

Certifications

1	Expires:
2	Expires:
3	Expires:
4	Expires:
5	Expires:

Administrative Signature _____ Date _____