



THREATT COUNSELING
& BEHAVIORAL HEALTH SERVICES

Employment Application

APPLICANT INFORMATION									
Last Name		First			M.I.		Date		
Street Address				Apartment/Unit #					
City			State			ZIP			
Phone			E-mail Address						
Date Available		Social Security No.			Desired Salary				
Position Applied for									
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
Do you have a valid driver's License		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, enter number:					
EDUCATION									
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				
REFERENCES									
<i>Please list three professional references.</i>									
Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					

PREVIOUS EMPLOYMENT

Company

Phone

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From

To

Reason for Leaving

May we contact your previous supervisor for a reference?

YES NO

Company

Phone

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From

To

Reason for Leaving

May we contact your previous supervisor for a reference?

YES NO

Company

Phone

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From

To

Reason for Leaving

May we contact your previous supervisor for a reference?

YES NO **MILITARY SERVICE**

Branch

From

To

Rank at Discharge

Type of Discharge

If other than honorable, explain

DISCLAIMER AND SIGNATURE

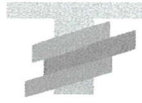
I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination.

I authorize Threatt Counseling & Behavioral Health Services, LLC to conduct phone reference checks.

Signature

Date



THREATT COUNSELING
& BEHAVIORAL HEALTH SERVICES

Phone Reference Checks

Applicant name: _____ Date: ___ / ___ / ___

Position Applying for: _____

Previous/Current Employer: _____

Company Name _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ ext: _____

Person of Contact: _____ **Title:** _____

Administrative Only Below

1. What was the nature of work and job responsibilities of the person?

2. How long has the person been employed?

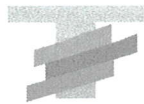
Please rate the following: Check one

	Outstanding	Very Good	Good	Needs improvement	Unsatisfactory
Attendance					
Cooperation					
Team work					
Productivity					
Dependability					
Quality of Work					
Attitude					
Work Ethic					

Reason for leaving: _____

Would you rehire: ___ YES ___ NO

Person completing form: _____ Date: ___ / ___ / ___



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Phone Reference Checks

Applicant name: _____ Date: ___/___/___

Position Applying for: _____

Previous/Current Employer: _____

Company Name _____

Address: _____

City: _____ State: _____ Zip: _____

Phone:() _____ ext: _____

Person of Contact: _____ **Title:** _____

Administrative Only Below _____

1. What was the nature of work and job responsibilities of the person?

2. How long has the person been employed?

Please rate the following: Check one

	Outstanding	Very Good	Good	Needs improvement	Unsatisfactory
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Would you rehire: ___ YES ___ NO

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