

# **Resilience Therapy Services Employment Application**

**Please Print and Fill Out Completely**

Date:					Position applying for:				
Name:									
Last		First		Middle			Maiden		
Present address:									
Street Number and Street				City		State		Zip	
Telephone number:									
Email address:									
Do you have reliable transportation, and a valid driver's license?									
Are you available to work a flexible schedule (including afternoons, evenings and weekends), if required?									
How did you hear about us? Please be specific.									
TYPE OF SCHOOL	NAME OF SCHOOL			CITY/STATE	DATES ATTENDED		DEGREE RECEIVED		
High School									
College									
College									
Other									
Please list any current clinical license or certifications you have and the state they are valid in:									
HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST FIVE YEARS THAT IS PART OF PUBLIC RECORD OR HAS NOT BEEN EXPUNGED BY A COURT? __No __Yes									
If yes, explain the nature of the offense(s), number of conviction(s), the date the offense(s) were committed, sentence(s) imposed, and type(s) of rehabilitation below:									
Have you ever been named as a defendant in a civil action for an intentional tort (wrongful act)?									
If yes, please describe the nature of the tort (wrongful act) and the disposition of the action									

Have you ever been in the Armed Forces? \_\_\_\_\_

Are you now a member of the National Guard? \_\_\_\_\_

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience 1:** Please list your most recent work experience including your current position. If you are applying for a clinical position, please list work experience that relates to the target population.

Name of employer :	Name and job title of supervisor	Employment dates	Pay or salary
Address:			
(City, State, Zip Code)		From	Start
Phone number (HR Dept. or Supervisor)		To	Final
Your last job title			

Reason for leaving (be specific)

Please list job duties:

**Work Experience 2:** Please list your work experience. If you are applying for a clinical position, please list work experience that relates to the target population.

Name of employer :	Name and job title of supervisor	Employment dates	Pay or salary
Address:			
(City, State, Zip Code)		From	Start
Phone number (HR Dept. or Supervisor)		To	Final
Your last job title			

Reason for leaving (be specific)

Please list job duties:

**Work Experience 3:** Please list your work experience. If you are applying for a clinical position, please list work experience that relates to the target population.

Name of employer :	Name and job title of supervisor	Employment dates	Pay or salary
Address:			
(City, State, Zip Code)		From	Start
Phone number (HR Dept. or Supervisor)		To	Final
Your last job title			

Reason for leaving (be specific)

Please list job duties:

**SUPERVISORY REFERENCES:** Please list three supervisory references. These references must be former or current supervisors who you reported directly to.

**Reference 1:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Reference 2:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Reference 3:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

***I agree that this application is complete and correct, including no falsification or misrepresentation of the information that I have provided above.***

**Applicant signature** \_\_\_\_\_ **Date signed** \_\_\_\_\_  
(required)

*Thank you for applying with Resilience Therapy Services!  
If you are not selected for the opening that you have applied for, please note that your application and resume will be saved in our system for future consideration. Please contact us with any questions at  
Corporate@resiliencetherapync.com*