

BMH/CR Partner Therapist

Employment Application

Applicant Information

Full Name: _____ Date: _____

Last	First	M.I.	
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Address: _____

Street Address	Apartment/Unit #
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City	State	ZIP Code
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Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree : _____

References

Please list three professional references.

Full Name:		Relationship:	
Company :		Phone:	
Address:			
Full Name:		Relationship:	
Company :		Phone:	
Address:			
Full Name:		Relationship:	
Company :		Phone:	
Address:			

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 <input type="checkbox"/>	NO <input type="checkbox"/>	

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

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Company

Address: _____ Phone: _____
Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities:

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?

YES

NO

Clinical Information

Clinical credentials:

Date issued:	_____	State license issued:	_____
Clinical supervisor:	_____	Expiration date:	_____
Supervisor email:	_____	_____	_____
Play therapy credentials:	_____	Date issued:	_____
_____	_____	Expiration date:	_____

If you do not have your RPT or RPT-S, are you working towards certification? : _____

If so, please provide your supervisors information:

If not, how many hours of play therapy training have you completed?:

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 release.

Signature

Date

Signature: _____ Date: _____