

TIG

The Itzhak Group

Employment Application

Personal Contact Information:

Date:	_____		
Name:	_____		
	First	Middle	Last
Address:	_____		
City:	_____	State:	_____ Zip: _____
Phone Number: (Home)	_____		(cell) _____
Email Address:	_____		
Date of Birth: (m/d/yr)	_____		
Social Security Number:	_____ - _____ - _____		
Are you a US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Position Desired/Availability:

1 st Choice:	_____	F/T	<input type="checkbox"/>	P/T	<input type="checkbox"/>	Flex	<input type="checkbox"/>
2 nd Choice:	_____	F/T	<input type="checkbox"/>	P/T	<input type="checkbox"/>	Flex	<input type="checkbox"/>
	<input type="checkbox"/> Harrison House I	<input type="checkbox"/> Harrison House II	<input type="checkbox"/> Community Mental Health Services				
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
I am available to start as of	_____						
<i>I am available . . . Please provide the hours that you are available to work each day. If there are no restrictions on your availability on any of the days listed, please place a ✓ in the space provided.</i>							
Sun	Mon	Tues	Wed	Thurs	Fri	Sat	

Please note that availability does not guarantee that hours will be granted

Education:

Highest Level of Education Achieved:

- High School
- GED
- Community College
- 4-Year College/University
- Vocational /Trade School
- Other _____

Please provide the name, location, years of attendance and area of concentration for each of the schools that you have attended.

High School	
Location	
Years Attended	
Area of Concentration	

Diploma Received Yes No

Community College	
Location	
Years Attended	
Major	

Degree(s) Received Yes No _____

College/ University	
Location	
Years Attended	
Major	

Degree(s) Received Yes No _____

Vocational/ Trade School	
Location	
Years Attended	
Area of Concentration	

Employment Experience:

Please list your employment history beginning with the current/most recent position.

Employer:		Position:	
Dates of Employment:		Status: FT/PT:	
Location:		Salary/ Hourly Rate:	
Supervisor:		Reason for Leaving	

Duties:

Employer:		Position:	
Dates of Employment:		Status: FT/PT	
Location:		Salary/ Hourly Rate:	
Supervisor:		Reason for Leaving:	

Duties:

Employer:		Position:	
Dates of Employment:		Status: FT/PT	
Location:		Salary/ Hourly Rate:	
Supervisor:		Reason for Leaving:	

Duties:

Employer:		Position:	
Dates of Employment:		Status: FT/PT	
Location:		Salary/ Hourly Rate:	
Supervisor:		Reason for Leaving:	

Duties:

May we contact your current employer? Yes No

Certifications: _____

Please Check all that apply to your current certifications:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> First Aid & CPR Adult | <input type="checkbox"/> Crisis Wave | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> First Aid & CPR w/ AED | <input type="checkbox"/> Handle W/Care | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> First Aid & CPR Adult/Child | <input type="checkbox"/> Mandt | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> TOVA | <input type="checkbox"/> Medication Administration | |

Special Skills: _____

Have you had any military experience? Yes No *If so please provide details about the extent of your branch of service and tenure in the military.* _____

References: *Please list the contact information for persons who can attest to your job performance and personal character.*

Professional:

1. Name: _____ Relation: _____
Phone Number: _____ Email Address: _____

2. Name: _____ Relation: _____
Phone Number: _____ Email Address: _____

Personal:

3. Name: _____ Relation: _____
Phone Number: _____ Email Address: _____

Please provide any additional information that would be of value in considering you for employment. _____

By signing below I certify that the information provided within this document is based on factual disclosures of personal information. I understand that my completion of this employment application does not guarantee employment, but is a requirement by the agency in order to ensure careful consideration of all persons seeking employment.

Applicant's Signature: _____

Date: _____

The Ithiel Group maintains employment practices which promote fairness and equal consideration of all applicants with no discrimination of applicants based upon race, age, gender, religion, ethnicity or disability.

TIG Staff Only:

Application Received By: _____ Date: _____

Resume Attached: _____

Application Designated to:

___ TIG ___ HH1 ___ HH2 ___ CMHS