



Wellness Therapy Center

SPECIALIZED AUTISM & BEHAVIORAL CARE

EMPLOYMENT APPLICATION FORM

PLEASE COMPLETE PAGES 1-3.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

Home Phone : () _____ Cell Phone: () _____ E-mail: _____

Position applied for _____

Social Security No. _____ - _____ - _____

Driver's license No. _____

Date of Birth _____ Gender ☐ M ☐ F

State _____ Issued _____ Expiration _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
University				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

☐ No ☐ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone () _____

Address _____ Relationship _____

AVAILABILITY

How many hours can you work weekly? _____

Days/hours available to work ☐ Mon ☐ Tue ☐ Wed ☐ Thru ☐ Fri ☐ Sat ☐ Sun

When will you be available to start? _____



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EMPLOYMENT HISTORY

Company Name _____	Telephone () _____
Address _____	City _____ State _____ Zip _____
Your job _____	Last pay rate _____
Supervisor _____	Reason for leaving _____
From ____/____/____ To ____/____/____	

Company Name _____	Telephone () _____
Address _____	City _____ State _____ Zip _____
Your job _____	Last pay rate _____
Supervisor _____	Reason for leaving _____
From ____/____/____ To ____/____/____	

Company Name _____	Telephone () _____
Address _____	City _____ State _____ Zip _____
Your job _____	Last pay rate _____
Supervisor _____	Reason for leaving _____
From ____/____/____ To ____/____/____	

Company Name _____	Telephone () _____
Address _____	City _____ State _____ Zip _____
Your job _____	Last pay rate _____
Supervisor _____	Reason for leaving _____
From ____/____/____ To ____/____/____	

REFERENCE Please list two references other than relatives.

Name _____	Name _____
Address _____	Address _____
Telephone () _____	Telephone () _____
E-mail _____	E-mail _____



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BACKGROUND CHECK : PLEASE READ CAREFULLY

I understand that it is my duty at all times and I agree not to reveal, any information concerning the Company's or its clients' confidential information in any manner that would be or might be considered to be detrimental to the Company's or its clients' interests, at all times, use the utmost discretion concerning any such information.

I understand that, in connection with the routine processing of my application, the Company will do Criminal background check and request from a consumer reporting agency an investigative consumer report including information as to my credit records, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Wellness Therapy Center Child and Family Counseling permission to contact schools, previous employers (unless otherwise indicated), references, and others and hereby release the Company from any liability as a result of such inquiries or disclosures.

I authorize the Minnesota Bureau of Criminal Apprehension and Minnesota Department of Human Services to disclose all criminal history record information to Wellness Therapy Center for the purpose of (employment, volunteering, adoption, etc.) With this agency.

I also understand that the Company has Code of ethics policy and I _____, agree to abide by this policy.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I understand that any false information that I give may result in termination of my candidacy.

Applicant's printed name: _____

Signature of applicant: _____ Date: _____

Wellness Therapy Center adhere to a policy of making Employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, age or disability. We assure you that your opportunity with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.