



## Applicant Information

|   |                 |                 |
|---|-----------------|-----------------|
| Last Name:  | First Name:     | M.I.:           |
| DOB:  | Preferred Name: |                 |
| Gender:   | Race:           | Ethnicity:      |
| Address:  |                 | Apartment/Unit: |
| City:   | State:          | Zip             |
| Email:  |                 | Phone:          |
| Are you a citizen of the United States?             |                 |                 |
| If no, are you authorized to work in the U.S.?      |                 |                 |
| Have you ever worked for this company?              |                 | When?           |
| Able to perform the essential functions of the job? |                 | If no, why?     |

## Emergency Contact

|       |        |
|-------|--------|
| Name: | Phone: |
|-------|--------|

## Employment Information

|                       |            |
|-----------------------|------------|
| Position Applied for: | Category:  |
| Program:              | Location:  |
| Start Date:           | Hire Date: |

## Language Proficiency

|          |      |        |
|----------|------|--------|
| Spanish: | ASL: | Other: |
|----------|------|--------|

## Education

|              |  |
|--------------|--|
| High School: | City/State:                            |
| Date Range:  | Did you Graduate:      Diploma or GED: |
| College:     | City/State:                            |
| Date Range:  | Did you Graduate:      Degree:         |
| Other:       | City/State:                            |
| Date Range:  | Did you Graduate:      Degree:         |



### Criminal History

*Note: Zarephath is a behavioral health provider contracted by the state's governing authorities. All personnel must be able to complete a criminal history affidavit and must be able to obtain a fingerprint clearance card.*

Are you able to obtain a Fingerprint Clearance Card?

If no or unsure, explain:

### Previous Employment

Company: City: State:

From: To: Phone:

Starting Pay/Salary: Ending Pay/Salary:

Job Title: Supervisor Name:

Duties:

Reason for Leaving

Company: City: State:

From: To: Phone:

Starting Pay/Salary: Ending Pay/Salary:

Job Title: Supervisor Name:

Duties:

Reason for Leaving

Company: City: State:

From: To: Phone:

Starting Pay/Salary: Ending Pay/Salary:

Job Title: Supervisor Name:

Duties:

Reason for Leaving

### 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: