



Hopeful Texas, PLLC. Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ 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: _____

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 NO

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

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

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Professional License (Clinicians Only)

Please list all current licenses.

License Type: _____ State: _____ Number: _____

License Type: _____ State: _____ Number: _____

License Type: _____ State: _____ Number: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

In exchange for the consideration of my job application by Hopeful Texas, PLLC (Hereinafter called "the Company"), I agree that:

My answers are true and complete to the best of my knowledge. I also understand that any misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company 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 contract.

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: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with the Company depends solely on your qualifications.



Employer Reference Release Form

I, _____, hereby authorize Hopeful Texas, PLLC to verify any and all information concerning my previous/current employer.

Applicant Signature

Date

xxx-xx-_____
Social Security #

The following information is to be completed by Hopeful Texas, PLLC personnel for verification of previous/current employer by either:

Phone Interview

Mailing to Employer

Employer Name: _____

Phone # _____ Dates of Employment _____

Position Held _____

Is applicant eligible for rehire? Yes No

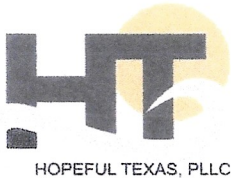
Comments _____

Printed Name

Title

Signature

Title



Personal Reference Form

Name _____ Phone# _____

Address _____

Dates Known _____ to _____

Comments _____

Name _____ Phone# _____

Address _____

Dates Known _____ to _____

Comments _____

Name _____ Phone# _____

Address _____

Dates Known _____ to _____

Comments _____



HOPEFUL TEXAS, PLLC

Availability Form

Please complete this form to help us devise the best schedule for you.

1.) List all languages you can speak, read and/or write including sign language:

2.) What days of the week and hours of the day are you available/willing to work:

<u>Day of the week</u>	<u>Beginning Time</u>	<u>Ending Time</u>
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

3.) Total number of hours willing to work per week: _____

4.) What age range are you comfortable with? _____

5.) What type of clients are you willing to see? (circle all that apply)

Individuals

Couples

Families

6.) Are there any specific conditions you are not willing to provide services for?

7.) How far are willing to commute to work? _____ miles

8.) Additional Information you feel would be helpful: _____
