

Have you ever worked for the Clifford W. Beers Guidance Clinic? Yes No

If yes, please list dates of employment _____

Have you ever applied for a position with the Clifford W. Beers Guidance Clinic? Yes No

If yes, when? _____ Position _____

*Have you ever been convicted of a felony? Yes No

If yes, please explain _____

*A conviction record will not necessarily disqualify an applicant from employment

Employment History

Please complete this portion *carefully*, even if you have already provided a resume. ***Start with your most recent employment*** and list all jobs you have held in the past 10 years, covering full disposition of your time whether employed or unemployed. Additional information may be written on a separate sheet and attached. ***Do not write "Please See Resume."***

May we contact your present employer? No Yes

Employer	<u>Salary</u>		<u>Employment dates (month/year)</u>	
	Starting	Ending	From	To
_____	_____	_____	_____	_____
Complete address _____				
_____	Last position title and work performed _____			
Previous position(s) and work performed _____				
Supervisor's name and title _____				
Reason(s) for leaving _____				

Employment History (continued)

Employer	<u>Salary</u>		<u>Employment dates (month/year)</u>	
	Starting	Ending	From	To
Complete address				
Phone (include area code)	Last position title and work performed			
Previous position(s) and work performed				
Supervisor's name and title				
Reason(s) for leaving				

Employer	<u>Salary</u>		<u>Employment dates (month/year)</u>	
	Starting	Ending	From	To
Complete address				
Phone (include area code)	Last position title and work performed			
Previous position(s) and work performed				
Supervisor's name and title				
Reason(s) for leaving				

Educational Background

_____ Name and complete address of last high school attended		_____ Graduated?	_____ Yes	_____ No
_____ Address (cont.)				
_____ College/Univ/Other, incl complete address		_____ Graduate School		
_____ Address (cont.)	_____ Undergrad Major/minor	_____ Graduate program	_____ Degree	
_____ Indicate any additional education including extension course(s), military work, etc.				

Professional References

_____ Name	_____ Name	_____ Name
_____ Occupation	_____ Occupation	_____ Occupation
_____ Company	_____ Company	_____ Company
_____ Address	_____ Address	_____ Address
_____ Years acquainted	_____ Years acquainted	_____ Years acquainted
_____ Phone	_____ Phone	_____ Phone

Certification And Acknowledgement By Applicant

The information I have supplied in this application is accurate and complete. I understand and agree that the Clifford W. Beers Guidance Clinic may contact anyone for full information about me to use in the conduct of its business and further its legal interests. I also understand that falsification of any information may result in my dismissal if I am employed by the Clifford W. Beers Guidance Clinic.

I understand that, in order to comply with federal law, the Clifford W. Beers Guidance Clinic will require me, if hired, to present documents that establish my identity and eligibility to work in the United States.

If I am employed, I agree to conform to all rules of the Clifford W. Beers Guidance Clinic. This Certification and Acknowledgement constitute the entire agreement between me and the Clifford W. Beers Guidance Clinic on the subjects covered herein and may be modified only by a written statement signed by the Executive Director or Board Members.

_____ Applicant signature	_____ Date
_____ Human Resources	_____ Date