



APPLICATION FOR EMPLOYMENT

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. Application must be completed in full even if attaching a resume. It is your responsibility to provide sufficient information on this application to indicate that you meet the minimum qualifications for the job for which you wish to be considered. The Bridge, Inc. will provide, if requested, reasonable accommodation as determined by The Bridge, Inc. to applicants in need of accommodation in order to provide access to the application, interviewing, and selection process.

Last Name		First Name		Middle Name	
Street or Mailing Address		City	State	Zip Code	Email Address
Telephone Number Area Code ()	Best time to call		Cell/Beeper/Alternate Number		

What position are you applying for? _____

How did you find out about this position? Employee (Name) _____

Walk-in Advertisement Bridge Web Site Government Employment Agency Other _____

If you were referred by a relative employed by The Bridge, Inc., please give name of relative and relationship:

Name: _____ Relationship: _____

Type of work desired: Full-time Part-time Temporary Educational/ Co-op

Date available for work: _____ Minimum Salary required: _____

Are there any days or hours that you cannot work if necessary? Yes No

If yes, please explain: _____

Are you at least 19 years of age? Yes No

Have you ever submitted an application here before? Yes No Date submitted: _____

Have you ever been employed here? Yes No From _____ To _____

Are you legally eligible for employment in this country? Yes No

Will you relocate if the job requires it? Yes No

Will you travel if the job requires it? Yes No

Will you work overtime if required? Yes No

If no, please explain: _____

Are you on an official layoff status with any organization? Yes No

Have you been convicted of, or pled guilty or no contest to a crime in the last seven (7) years? Yes No

Conviction will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.

If yes, please explain: _____

The Bridge, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability, handicap, or veteran status.

PREVIOUS EMPLOYMENT RECORD

Beginning with your present or most recent employment, list in order all positions you have held during the past 15 years. Account for period in school, military, self-employment, unemployment, or volunteer activities. Do not attach supporting documents such as résumés, letters of recommendation, performance evaluations, etc., unless specified in the position announcement. Statements such as “see résumé” do not substitute for completing any portion of this application.

1	Name of Employer	Street Address, City, and State			
Beginning Date	Ending Date	Beginning Salary	Ending Salary	Supervisor	
Describe the type of work/Job Duties:					
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?		Telephone Area Code ()
2	Name of Employer	Street Address, City, and State			
Beginning Date	Ending Date	Beginning Salary	Ending Salary	Supervisor	
Describe the type of work/Job Duties:					
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?		Telephone Area Code ()
3	Name of Employer	Street Address, City, and State			
Beginning Date	Ending Date	Beginning Salary	Ending Salary	Supervisor	
Describe the type of work/Job Duties:					
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?		Telephone Area Code ()

EDUCATIONAL BACKGROUND

High School	City, State	Number of Years Completed	Required Degree/Diploma Completed <input type="checkbox"/> High School Diploma <input type="checkbox"/> General Education Diploma (GED) <i>(As Condition of Employment, proof must be provided)</i>
Post-Secondary Institution		Type of Degree/Certificate Earned	Degree/Diploma Completed <input type="checkbox"/> Yes Year _____ <input type="checkbox"/> No
Location	Major Fields of Study		Other Relevant Subjects Studied
Post-Secondary Institution		Type of Degree/Certificate Earned	Degree/Diploma Completed <input type="checkbox"/> Yes Year _____ <input type="checkbox"/> No
Location	Major Fields of Study		Other Relevant Subjects Studied
Post-Secondary Institution		Type of Degree/Certificate Earned	Degree/Diploma Completed <input type="checkbox"/> Yes Year _____ <input type="checkbox"/> No
Location	Major Fields of Study		Other Relevant Subjects Studied

PROFESSIONAL LICENSES AND CERTIFICATES HELD

List all professional licenses or certificates.

Type of License or Certificate	License or Certification Number	Expiration Date	State	Granted By (Licensing Board)

ADDITIONAL INFORMATION

List any additional skills, knowledge, or experience you would like to be considered in assessing your qualification for this position, such as volunteer work, vocational training, computer courses, software skills, office skills, foreign language skills, keyboarding skills/speed, research skills, etc.

TREATMENT EXPERIENCE

NUMBER OF YEARS	ADOLESCENT	ADULTS	POST MASTERS
Substance Abuse			
Mental Health			

I certify that all answers given by me are true, accurate, and complete, and that I have not withheld any information which could unfavorably affect this application. I understand that the falsification, misrepresentation, or omission of fact on this application, or any other accompanying or required documents, will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I give The Bridge, Inc. the right to contact and obtain information from all references, employers, and educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability The Bridge and its representatives for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

If I am hired, I understand that I must furnish proof of my education as indicated on my application. I understand that I am free to resign at any time, with or without cause and without prior notice, and The Bridge reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of The Bridge, Inc., other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by the Executive Director of The Bridge, Inc.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

In consideration of my potential employment, I agree to conform to the rules and policies of The Bridge, Inc. Such rules and policies are not contractual and may be amended and modified as necessary. I understand that my future employment by The Bridge does not constitute a guarantee that any job will be continued for any length of time or that any job assignment or shift will be permanent.

Signature of Applicant

Date