



SAFE TRANSITIONS

EMPLOYMENT APPLICATION

Application Information

Full Legal Name:

Email Address:

Address:

City:

State:

Contact Number:

Are you eligible to work in the United States?

Can you legally work with vulnerable adults and children?

Do you have a high school diploma or equivalent?

Do you have a valid driver's license?

Position Desired:

Mental Health Worker	Full Time	Part Time	Both
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IHS Worker	Full Time	Part Time	Both
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ARMHS Practitioner	Full Time	Part Time	Both
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Days Available:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Date you can start?

Education

School Name:

Additional Information:

Graduation Date:

Special Skills/ Qualifications:

Employment History

Employer's Name:

Employer's Phone Number:

Supervisor:

Responsibilities:

Reason for leaving?

Start and End Date(s)

Employment History

Employer's Name:

Employer's Phone Number:

Supervisor:

Responsibilities:

Reason for Leaving?

Start and End Date(s)

Employment History

Employer's Name:

Employer's Phone Number:

Supervisor:

Responsibilities:

Reason for Leaving?

Start and End Date(s)

References #1

Reference #2

Reference #3