



Clinician Application

Employer Within Sight LLC	Position applying for Clinician
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PERSONAL DATA

Name (last, first, middle)				
Street Address and/or Mailing Address		City	State	Zip
Telephone Number	Email	Social Security Number		
Date you can start work	Salary Desired	Do you have a High School Diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/>		

POSITION INFORMATION Check all that you are willing to work

Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Days <input type="checkbox"/> Evenings <input type="checkbox"/>		
Are you authorized to work in the U.S. on an unrestricted basis?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for employment.) If yes, explain:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you currently hold a valid Social Work License (LSW or LCSW) in the State of Indiana?		Yes	No
If yes, provide license number:			

Education Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, degrees, vocational or technical programs, and military training.

	School Name	Years Attended	Degree
High School			
College			
College			

Clinical Trainings/In Service/Workshops List any additional training that you feel would help you in the position that you are applying.

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REFERENCES Please list three professional references not related to you. Provide one individual who has supervised you in a clinical setting. All references should have known you for at least a year and be professional associates.

Name	Address/City/State	Phone	Relationship

WORK HISTORY Start with your present or most recent employment and work back. (INCLUDE PAID UNPAID POSITIONS)

Job Title #1	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

May we contact your present employer? Yes No N/A

Job Title #2	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

Job Title #3	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

Job Title #4	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature

Date