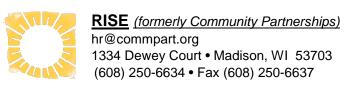
Send to:



For Personnel Office Use Only	
Date Received:	

TYPE OR PRINT CLEARLY

APPLICATION FOR EMPLOYMENT

RISE is an Affirmative Action, Equal Opportunity Employer. As such, it is our policy to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, gender, sexual orientation, veteran status or disability or any other basis prohibited by federal or state law. RISE intends to comply fully with all federal and state laws, and the information on this application will not be used for any purpose prohibited by law. If you are a person with a disability, you may request needed accommodation at any time during the recruitment or employment process.

IMPORTANT INSTRUCTIONS: The information on pages 1 through 5 of this form will be used to determine whether you meet the qualifications to be interviewed for a position. It is extremely important that you answer all questions accurately and completely and that your answers are provided **on this form. A resume must be attached to this application.** Applicants reaching final employment consideration will be required to verify certain relevant information stated in their application (e.g., college transcripts, certifications, etc.).

Last Name First Name Middle Init. Home Phone Cell Phone Address City State Zip **Email Address** If the job requires unusual hours (including week-What type of employment are you seeking (check only those you will accept) ends and nights) would you be willing to accept it? Regular Full-Time (40 hours/week) □ No ☐ N/A for Position Regular Part-Time (between 20 & 40 hours/week) If the job requires use of a motor vehicle, do you Provisional (less than 20 hours/week) have a valid Driver's License? When will you be available for employment (check one) ☐ Yes П № ☐ N/A for Position ☐ I am available now. If the job requires it, do you have access to a car? ☐ I will be available beginning: □ N/A for Position ☐ Yes □ No TITLE OF POSITION FOR WHICH YOU ARE APPLYING: How did you hear about this job opening? **EDUCATION & TRAINING** Elementary & High School Name and Location of High School Graduated? (Circle highest year completed) ☐ Yes ☐ No 1 2 3 4 5 6 7 8 9 10 11 12 TRAINING BEYOND HIGH SCHOOL Degree and Month/Year Received Name & Location of Institution Major Field

Other education/training not covered above but which may be relevant to correspondence courses, service schools, etc.).	the position for which you	are applying (i.e	., internships,		
LICENSURE/CERTIFICATION:					
Current Licensure/Certification	Expiration Date		Number		
List memberships in professional or technical associations.					
WORK EXPERIENCE: (Start with most recent job. Indicate any change in job title under the same employer as a separate position)					
Present or most recent Employer	Title	Title			
City and State	May we contact ☐ Yes	May we contact this employer for a reference? ☐ Yes ☐ No			
Name, title, & Phone # of Supervisor	From (Mo/Yr)		To (Mo/Yr)		
	Trom (me/ rry		10 (116, 11)		
	☐ Full-time	☐ Full-time ☐ Part-Time			
	☐ Paid Intern	☐ Paid Internship ☐ Unpaid Internship			
Reason for Leaving	Hours per wee	Hours per week:			
Employer	Title				
City and State	May we contact ☐ Yes	May we contact this employer for a reference? ☐ Yes ☐ No			
Name, title, & Phone # of Supervisor	From (Mo/Yr)		To (Mo/Yr)		
	☐ Full-time	Full-time Part-Time			
	☐ Paid Intern	☐ Paid Internship ☐ Unpaid Internship			
Reason for Leaving	Hours per wee	ık.			

Employer	Title		
City and State	May we contact this employer for a reference? ☐ Yes ☐ No		
Name, title, & Phone # of Supervisor	From (Mo/Yr)	To (Mo/Yr)	
	Full-time Part-Time		
	☐ Paid Internship ☐ Unpaid Internship		
Reason for Leaving	Hours per week:		
Employer	Title		
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Name, title, & Phone # of Supervisor	From (Mo/Yr)	To (Mo/Yr)	
	Full-time Part-Time		
	☐ Paid Internship ☐ Unpaid Internship		
Reason for Leaving	Hours per week:		
Employer	Title		
City and State	May we contact this employer for a reference? ☐ Yes ☐ No		
Name, title, & Phone # of Supervisor	From (Mo/Yr)	To (Mo/Yr)	
	Full-time Part-Time		
	☐ Paid Internship ☐ Unpaid Internship		
Reason for Leaving	Hours per week:		
Employer	Title		
City and State	May we contact this employer for a reference? ☐ Yes ☐ No		
Name, title, & Phone # of Supervisor	From (Mo/Yr)	To (Mo/Yr)	
	☐ Full-time ☐ Part-Time		
	Paid Internship Unpaid Internship		
Reason for Leaving	Hours per week:		

SKILLS/QUALIFICATIONS & OTHER EXPERIENCE:

List any special skills or qualifications that you possess that you feel are relevant to the job for which you are applying (i.e., clinical
expertise, proficiency in second language, writing, computer, office machines, typing speed, etc.)
Briefly describe your life or work experience in specific cultural or cross-cultural settings. Please include a description of expertise or
training acquired as a part of this experience.
Please describe your knowledge or experience in working with or around people who have experienced traumatic or stressful life
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REFERENCES

Please list three people (not relatives) you have worked with that we may contact for a reference.

Name	Physical Address	Phone	Email			
			Personal Professional			
			Personal Professional			
			Personal Professional			
CERTIFICATION						
Please read the following statemen	ts carefully before you sign y	our name.				
I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers (unless specifically stated above), persons, schools, law enforcement agencies and any other sources of information that may be relevant to my application for employment. I HEREBY CERTIFY that the information I submitted in the attached resume is accurate and complete.						
It is understood and agreed that any misrepresentation, false statement or omissions by me in this application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to this facility.						
FURTHER, I understand and information for a criminal history back Vehicles, and my employment will be		or a driving record from the				
I have read, understand and agree to the above statements.						
Sign or Type Full Name:		DATE:				
I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above certification.						