



Growing Together Behavioral Center
6789 Southpoint Blvd #100
Jacksonville, FL 32216
904-556-7330

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Cell Phone: _____ Email: _____

Social Security No: _____ Date of Birth: _____

Date Available: _____ Position Desired: _____ Desired Salary: \$ _____

Available Hours: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Certifications/Accreditations

Current Certifications: _____

Credentialing: _____ Languages Spoken: _____

Additional Skills _____

Additional Information

Are you interested in:

After school care _____ yes _____ no After school classes _____ yes _____ no

After school therapy _____ yes _____ no In home therapy _____ yes _____ no

Which student/teacher ratio are you most interested in working with, and why? _____

Explain your experience dealing with aggressive behavior: _____

What sets you apart from others in your field, go ahead brag on yourself!

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. If considered for employment, I permit Growing Together Behavioral Center to complete a FDLE and FBI background check using my personal information provided above. I also acknowledge that the background check will require my fingerprinting at a live scan location.

Signature: _____ Date: _____