



The Enrichment Center

Employment Application: School-Based Therapist

PERSONAL INFORMATION

Name: _____ Date Completed: _____

Phone: _____ Email: _____

Address: _____

Anticipated Start Date: _____

Employment Desired: ___ Full-time ___ Part-time

Referred by: _____

EDUCATION & LICENSURE

Education	Name and Dates	Degree
High School		N/A
College		
Graduate School		
Internship		N/A
Internship		N/A

License	Renewal Date

EMPLOYMENT INFORMATION & WORK EXPERIENCE

EXPERIENCE

Please list your last three employers starting with your present or most recent place of employment. You may also include any verifiable and applicable work performed on a volunteer basis, internship, or military service.

Company: _____ **Title:** _____

Dates of Employment: _____ **Supervisor:** _____

Reason for leaving: _____

Company: _____ **Title:** _____

Dates of Employment: _____ **Supervisor:** _____

Reason for leaving: _____

Company: _____ **Title:** _____

Dates of Employment: _____ **Supervisor:** _____

Reason for leaving: _____

REFERENCES

Please provide the names of two references whom we may contact. Please do not list relatives.

Name	How do you know this person?	Contact Information (Phone/Email)

I certify that the above information is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of information on this application or in any way relating to my application for employment may result in my denial of employment, or if employed, my immediate dismissal.

Applicant Signature _____ **Date** _____

*Please send this completed application and your resume to info@theenrichmentcenter.org *