



## EMPLOYMENT APPLICATION

This practice is conducted by Junie Abito & Associates, a Marriage & Family Therapy corporation (sometimes referred to in this website as its dba "Tala Mental Health" or the "Practice"), which is owned by Rosalisa D. Abito, its President.

Tala Mental Health is committed to the concept and practice of equal employment in hiring, employment and employee without regard to race, color, sex, age, religion, national origin, ancestry, physical disability, promotion decisions. Tala Mental Health seeks to employ the best qualified employee without regard to race, color, religion, sex, age, national origin, ancestry, physical disability, mental disability or medical condition, veteran or marital status, sexual orientation or any other protected classes recognized by Federal or applicable State law.

**Please print and provide all requested information. On the last page, initial each section and sign at the end.**

### 1. PERSONAL INFORMATION

<b>Date</b>	<b>Last Name</b>	<b>First Name</b>			<b>Middle Name</b>
<b>All Other Names Used and Dates Used</b>					
<b>Cell Phone (include area code)</b>		<b>Home Phone (include area code)</b>		<b>Business Phone (include area code)</b>	
<b>Current Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Dates</b>
<b>Permanent/Mailing Address (if different from above)</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Dates</b>
<b>Prior Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Dates</b>
<b>Prior Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Dates</b>
<b>Prior Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Dates</b>

### 2. GENERAL INFORMATION

<b>Position applying for:</b>	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<b>Date you can start</b>	<b>Desired Compensation</b>
<b>How did you learn about the Company or position?</b>	<b>Why are you applying for work at the Company?</b>		
Have you ever applied to or worked for the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?			
If previously employed by the Company, reason for leaving:			
Do you have any friends or relatives working for the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, state name(s) and relationship(s)			
If hired, can you present evidence of U. S. citizenship or proof of legal right to live and work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		If hired, can you work overtime as needed from time to time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, do you have reliable transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Languages in which you are able to communicate effectively, both verbally and in writing, that may be applicable to your job:</b>			

# EMPLOYMENT APPLICATION

## 3. EDUCATION, TRAINING, EXPERIENCE AND INTERESTS

<b>HIGH SCHOOL</b>	Name		Address		
	City		State	Zip Code	Country (if not U.S.)
	No. of Years Completed	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree or Diploma		

<b>COLLEGE/ UNIVERSITY</b>	Name		Address		
	City		State	Zip Code	Country (if not U.S.)
	No. of Years Completed	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree or Diploma		

<b>VOCATIONAL OR OTHER BUSINESS SCHOOLS</b>	Name		Address		
	City		State	Zip Code	Country (if not U.S.)
	No. of Years Completed	Did you Graduate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Degree or Diploma		

<b>OTHER EDUCATION OR TRAINING</b>	Name		Address		
	City		State	Zip Code	Country (if not U.S.)
	No. of Years Completed	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree or Diploma		

<b>CERTIFICATIONS LICENSES</b>	Please List:
------------------------------------	--------------

<b>SPECIAL TRAINING</b>	Please List:
-------------------------	--------------

# ***EMPLOYMENT APPLICATION***

**Registered BBS Associate #:**

**Registered Associate Expiration Date:**

**Post Degree Supervised Hours:**

**or**

**BBS CA License #:**

**BBS CA License Expiration Date:**

# EMPLOYMENT APPLICATION

## 4. EMPLOYMENT HISTORY

Please complete, even if attaching a resume. List all current and past employment for the last ten years, starting with your most recent employer. In addition, account for all periods of unemployment in the last ten years.

May the Company contact your current employer at this time:  Yes  No

If not, please be advised that the Company will require consent as a mandatory condition of employment prior to or upon acceptance of a conditional offer of employment.

Name of Employer	Type of Business	Phone Number (include area code)	
Address	City	State	Zip Code
Dates of Employment: From: To:	Reason for Leaving	Name of Reference Contact:  Contact Phone Number:	
Your Position and Duties			

Name of Employer	Type of Business	Phone Number (include area code)	
Address	City	State	Zip Code
Dates of Employment: From: To:	Reason for Leaving	Name of Reference Contact:  Contact Phone Number:	
Your Position and Duties			

Name of Employer	Type of Business	Phone Number (include area code)	
Address	City	State	Zip Code
Dates of Employment: From: To:	Reason for Leaving	Name of Reference Contact:  Contact Phone Number:	
Your Position and Duties			

Attach additional pages(s) if necessary to include all present and past employment for at least the last ten years.

# EMPLOYMENT APPLICATION

## 5. REFERENCES

Please provide three references, not related to you, who have knowledge of your work performance within the last five years.

Last Name	First Name	Daytime Phone Number	
Address	City	State	Zip Code
Occupation/Employer	Years Acquainted	Relationship: <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Supervisor <input type="checkbox"/> Subordinate <input type="checkbox"/> Peer <input type="checkbox"/> Other:	

Last Name	First Name	Daytime Phone Number	
Address	City	State	Zip Code
Occupation/Employer	Years Acquainted	Relationship: <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Supervisor <input type="checkbox"/> Subordinate <input type="checkbox"/> Peer <input type="checkbox"/> Other:	

Last Name	First Name	Daytime Phone Number	
Address	City	State	Zip Code
Occupation/Employer	Years Acquainted	Relationship: <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Supervisor <input type="checkbox"/> Subordinate <input type="checkbox"/> Peer <input type="checkbox"/> Other:	

## 6. ADDITIONAL INFORMATION

Please provide any additional information you would like the Company to consider.


# EMPLOYMENT APPLICATION

## 7. ACKNOWLEDGEMENT

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH, AND SIGN BELOW.

Initial _____	In an effort to consider all qualified candidates for employment, this Employment Application does not inquire about criminal convictions. I understand that if I continue to be considered for employment, I may be required to disclose criminal history information and to consent to a background check as a condition of employment. A criminal conviction may be relevant if job-related, but does not necessarily bar applicants from employment. The Company will also consider factors such as the nature of the crime, the time elapsed, and the nature of the job.
Initial _____	I hereby authorize Tala Mental Health to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Tala Mental Health any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Tala Mental Health my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
Initial _____	I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
Initial _____	I understand that I have an affirmative duty to advise the Company if, at any time during the term of my employment, I become the subject of any criminal investigation or proceeding, or of any conviction, including a conviction based on a plea agreement, during the term of my employment.
Initial _____	I understand that I have an affirmative duty to advise the Company if, at any time during the term of my employment, I am named as a defendant in a civil action, or a civil judgment is entered against me, arising from an allegation of fraud, dishonesty, misrepresentation, theft, misappropriation, bad faith or related claims.
Initial _____	I understand that nothing contained in the application, or conveyed during any interview, which may be granted or during my employment, if hired, is intended to create an employment contract between Tala Mental Health and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Tala Mental Health and that no promises or representations contrary to the foregoing are binding on Tala Mental Health unless made in writing and signed by me and Tala Mental Health s designated representative.
Initial _____	If employed, and in consideration of my employment, I agree to conform to the Company's rules, policies and procedures as may be communicated to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date