

# Application for Employment

Trauma

Recovery

Associates

*hope for healing*

**1608 Lake Street  
Kalamazoo, MI 49001**

Thank you for expressing an interest in working with Trauma Recovery Associates. Consideration was given in the development of this form to your right to individual privacy and equal opportunity. We want to ensure that we receive all the necessary information even if we possess your resume. Please print in black ink or type.

Trauma Recovery Associates is an Equal Opportunity Employer, offering opportunities on an equal basis to all qualified persons regardless of race, sex, religion, age, color, sexual orientation, national origin, citizenship status, physical or mental disability, veteran status.

**Please also send a cover letter indicating your reasons for interest in this position.**

Date of Application \_\_\_\_\_

## PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Email address \_\_\_\_\_

Current Address \_\_\_\_\_  
Street Address of Box Number City State Zip Code

Permanent Address \_\_\_\_\_  
(you can leave this line blank if this is the same as your current address)

Daytime Phone \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Position Applied For \_\_\_\_\_

Cell Phone \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Date Available To Start Work \_\_\_\_\_

Evening Phone \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Are You Under 18 Years of Age? \_\_\_\_ Yes \_\_\_\_ No

If you're hired, can you furnish proof that you are eligible to work in the United States? \_\_\_\_ Yes \_\_\_\_ No

If no, please explain. \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain. \_\_\_\_\_

Note: A prior conviction does not automatically disqualify you from working with TRA because the nature and seriousness of the offense will be considered in light of the type of job for which you are applying.

## EDUCATIONAL DATA

	Name and Location of School	Degree, Diploma, or Certificate	GPA	Major Course of Study
Last High School	_____ _____	_____	_____	_____
College or University	_____ _____	_____	_____	_____
Business or Technical	_____ _____	_____	_____	_____
Graduate School	_____ _____	_____	_____	_____
Other Institution	_____ _____	_____	_____	_____

## LICENSES AND CERTIFICATES

Type of License/Certificate	Issuing Agency	Number	Exp. Date
Driver's      Chauffeur's	_____	_____	_____
Professional _____	_____	_____	_____
Technical _____	_____	_____	_____
Other _____	_____	_____	_____

## FOREIGN LANGUAGE SKILLS

Are you fluent in or familiar with any foreign languages?    \_\_\_ Yes    \_\_\_ No

If yes, please specify \_\_\_\_\_

## EMPLOYMENT HISTORY

Please list your work experience. Include all employment, whether full time, part-time, summer or temporary, during the past ten years. You may include additional experience beyond the last ten years if you desire. Attach an additional sheet if necessary.

Present or most  
Recent employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Description of duties and responsibilities \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone # \_\_\_\_\_

May we contact your present employer?  Yes  No

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Previous employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Description of duties and responsibilities \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone # \_\_\_\_\_

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Previous employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Description of duties and responsibilities \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone # \_\_\_\_\_

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Previous employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Description of duties and responsibilities \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone # \_\_\_\_\_

### REFERENCES

Please indicate two additional individuals having knowledge of your related work experience and/or academic background.

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Current Address \_\_\_\_\_  
Street Address of Box Number City State Zip Code

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Current Address \_\_\_\_\_  
Street Address of Box Number City State Zip Code

### SIGNATURE

I authorize the release to Trauma Recovery Associates of all information requested about my work record from my previous employer(s) and/or my academic records (transcripts). I understand this information will be used only to evaluate my qualifications for work. I agree that it will not be necessary for each employer/institution that provides this information to notify me when the requested information is released. I hereby relieve all individuals connected with such release from liability for providing this information.

A drug test may be required for employment. I understand that any offer of employment may be withdrawn if I test positive for drug use.

I understand any false statement by me in this application, or failure to give any material information requested, will be cause for my rejection or dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_