



1111 E. 54<sup>th</sup> Street Suite 204  
 Indianapolis, IN 46220  
 Phone: 1-888-370- 3622

Today's Date: \_\_\_\_\_

| <b>Personal Information</b>   |            |  |                            |
|---|------------|--|----------------------------|
| Last Name   | First Name | Middle Name  | Social Security Number/DOB |
| Street Address  | City       | State  | Zip Code                   |
| Home Phone: (____) _____ - _____  |            | Are you a United States Citizen or legally eligible to work in the U. S.? ____Yes ____No (if hired, you will be required to provide documentation that you are eligible to work in the U.S.) |                            |
| Work Phone: (____) _____ - _____  |            |  |                            |
| Other: (____) _____ - _____   |            |  |                            |
| Are you 18 or over? ____Yes ____No  |            |  |                            |
| <b>Title of Position Applying For</b>   |            |  | Date Available to Work     |
| Have you been previously interviewed or employed by Embrace Consulting LLC? ____Yes ____No<br>If Yes, list date(s) and job title(s):  |            |  |                            |
| Do you have any relatives currently working for Embrace Consulting LLC? ____Yes ____No<br>If Yes, list names and relationship to you: |            |  |                            |
| Are you employed now?   |            | If yes, may we contact your present employer?  |                            |
| Are you a Licensed Social Worker, LMFT or LMHC in the State of Indiana?   |            | YES  | NO                         |
| Date when you obtained your license?0   |            |  |                            |
| Date your license expires?  |            |  |                            |
| Do you use illegal Drugs  |            | YES  | NO                         |
| Have you ever been convicted of a criminal offense?   |            | YES  | NO                         |

|   |               |  |
|---|---------------|--|
| If yes, please explain in the box to the right:   | YES           | NO   |
| Have you ever been charged with child abuse or neglect?   | YES           | NO   |
| If yes, please explain in the box to the right:   |               |  |
| Have you ever been convicted or pled guilty to any offenses?  | YES           | NO   |
| Other than the previous information, is there any fact or circumstances involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? | YES           | NO   |
| If yes, please explain in the box to the right:   |               |  |
| Do you own an automobile?   | YES           | NO   |
| Has your Driver's License ever been suspended or revoked?   | YES           | NO   |
| If yes, please explain in the box to the right:   |               |  |
| Have you ever been arrested or convicted of Driving while Intoxicated (DWI) or Driving under the Influence (DUI)?   | YES           | NO   |
| If yes, please explain in the box to the right:   |               |  |
| Driving Record:<br>Last date of citation(s) and result(s)   |               |  |
| Total points if any on your driving record:   |               |  |
| Vehicle Make:   | Vehicle Year: | Name of car insurance: Policy Effective dates: |

## Education

| Name and Location                 | # Years Completed | Major Area of Study | Degree/Diploma |
|-----------------------------------|-------------------|---------------------|----------------|
| High School                       |                   |                     |                |
| College                           |                   |                     |                |
| Graduate School                   |                   |                     |                |
| Technical or Certificate Programs |                   |                     |                |

## Employment History

Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use "see attached resume".)

|           |  |            |
|-----------|--|------------|
| Employer: | Dates Employed:<br>From _____ To _____ | Job Title: |
|-----------|--|------------|

|   |             |  |
|---|-------------|--|
|   |             |  |
| Address:  |             |  |
| Telephone:  | Job Duties: |  |
| Weekly Pay    Start:                      Finish: |             |  |
| Reason for Leaving:                               |             |  |

|   |  |            |
|---|--|------------|
| Employer:   | Dates Employed:<br>From _____ To _____ | Job Title: |
| Address:  |  |            |
| Telephone:  | Job Duties:                            |            |
| Weekly Pay    Start:                      Finish: |  |            |
| Reason for Leaving:                               |  |            |

|   |  |            |
|---|--|------------|
| Employer:   | Dates Employed:<br>From _____ To _____ | Job Title: |
| Address:  |  |            |
| Telephone:  | Job Duties:                            |            |
| Weekly Pay    Start:                      Finish: |  |            |
| Reason for Leaving:                               |  |            |

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

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Please list any special awards, honors, scholarships, or offices held.

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| <b>References</b> Please list names of supervisors, managers, or others who can comment directly on your abilities: |         |         |                         |             |
|---|---------|---------|-------------------------|-------------|
| Name  | Address | Phone # | Relationship/Occupation | Years Known |
|   |         |         |                         |             |
|   |         |         |                         |             |
|   |         |         |                         |             |

Please indicate whether you hold the following valid drivers licenses:

Class A \_\_\_\_\_ Class B \_\_\_\_\_ Class C \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

| <b>Election of Veteran's Preference</b>   |
|---|
| <p>Do you wish to claim a veteran's preference?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If so please check the preference you are claiming.</p> <p><input type="checkbox"/> Veteran (defined as person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty).</p> <p><input type="checkbox"/> Disabled Veteran (a veteran having a compensable service connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces which disability is currently existing).</p> <p><input type="checkbox"/> Spouse of deceased veteran.</p> |

\_\_\_ Spouse of disabled veteran who is unable to use preference due to disability.

Note: If you elect to use veteran's preference, please enclose proper documentation establishing your right to claim the preference.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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Embrace Consulting LLC is an Equal Opportunity Employer. It is the policy of Embrace Consulting LLC not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to public assistance or disability.

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I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**EQUAL OPPORTUNITY EMPLOYER**

1111 E. 54<sup>th</sup> Street Suite 204  
Indianapolis, IN 46220

Embrace Consulting LLC is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information, which is available to you, but not to the public. The personal information we collect about you is private.

The information collected from you or from other agencies or individuals authorized by you is used to determine your qualifications for employment at Embrace Consulting LLC.

You are not legally required to provide this information; however, providing it may be necessary to determine if you qualify for employment. Disclosure of your social security number is voluntary. If employed by Embrace Consulting LLC, you must disclose it in order to be in compliance with state and federal tax withholding laws. If you do not supply the required information, Embrace Consulting LLC may not be able to consider you for employment. The use of the provided data we collect is limited to individuals whose jobs reasonably require access to this information. Persons or agencies with whom this information may be shared include:

1. Owners of Embrace Consulting LLC
2. Administrative Assistant
3. Human Resources Department

Unless otherwise authorized by state statutes or federal law, other agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights. These rights include:

1. The right to see and obtain copies of the data maintained on you.
2. The right to be told the contents and meaning of the data.
3. The right to contest the accuracy and completeness of the data.

To exercise these rights, contact the Owners of Embrace Consulting LLC.

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I have read and understand the above information regarding my rights in regards to employment with Embrace Consulting LLC.

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Signature

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Date

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Print Name

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Address