



"Inspiring minds to succeed"

Destini Therapeutic Services, Inc. is an equal-opportunity employer who abides by all applicable laws concerning hiring efforts in accordance with the Rehabilitation Act of 1973.

EMPLOYMENT APPLICATION

POSITION APPLYING FOR: ☐ LMHP ☐ QMHP ☐ QPPMH ☐ OTHER _____

Name: _____
Last First MI

Date of Birth: ____/____/____ Social Security Number: _____

Address: _____
Street Number/Name City State Zip

Best Contact phone number: _____ Alternate number: _____

Email: _____

Driver's License Number: _____ State: _____ Expiration Date: _____

Have you ever been convicted of any crime, other than a minor traffic violation? ☐ Yes ☐ No

If yes, please explain: _____

Emergency Contact Information:

Name: _____ Phone Number: _____

EDUCATION

School Name/Location	Dates of Attendance	Completed Diploma or Degree? (Yes/No)	Year of Completion	Major

EMPLOYMENT HISTORY

List below your employment history for the past five years:

1. Name of Employer: _____ Address: _____

Phone Number: _____ Job Title: _____ May we contact this Employer? ☐ Yes ☐ No

Dates of Employment: _____ Supervisor's Name: _____

Describe Duties: _____

Reason for Leaving: _____

2. Name of Employer: _____ Address: _____

Phone Number: _____ Job Title: _____ May we contact this Employer? ☐ Yes ☐ No

Dates of Employment: _____ Supervisor's Name: _____

Describe Duties: _____

Reason for Leaving: _____

3. Name of Employer: _____ Address: _____

Phone Number: _____ Job Title: _____ May we contact this Employer? ☐ Yes ☐ No

Dates of Employment: _____ Supervisor's Name: _____

Describe Duties: _____

Reason for Leaving: _____

List any additional skills or information which relates to the position you are applying:

REFERENCES

Reference (Professional):

Name: _____

Occupation: _____

Contact Information: _____

How long have you known this person? _____

Reference (Professional):

Name: _____

Occupation: _____

Contact Information: _____

How long have you known this person? _____

Reference (Personal):

Name: _____

Occupation: _____

Contact Information: _____

ADDITIONAL INFORMATION

AUTOMOBILE INSURANCE INFORMATION:

POLICY NUMBER	INSR. CARRIER	TYPE OF COVERAGE	BEGIN DATE	END DATE

Please list all certifications or licenses that are current and specifically apply to the position you are currently applying. Please include applicable certifications required for Virginia Department of Behavioral Health and Disability Services.

CERTIFICATION	START DATE	END DATE

EEO DATA

Do you wish to provide EEO data for this organization? ☐ Yes ☐ No

Sex: ☐ Male ☐ Female

Racial/Ethnicity Identity: ☐ Asian/Islander ☐ Caucasian ☐ African-American ☐ Hispanic/Latino ☐ Native American ☐ Multi-Racial ☐ Other

Are you a Disable Veteran? ☐ Yes ☐ No

Are you a U.S. Citizen? ☐ Yes ☐ No - If not, please list your Green card information: _____

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature _____ Date _____

****Please note: In compliance with the VADBDS guidelines, Destini Therapeutic Services, Inc. performs a National Criminal Background check, and Central Registry checks on all applicants prior to hire.***