



# THE BRIDGE

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Thomas H. Russell, Chief Executive Officer/Executive Director  
1559 Johnson Road, N.W.  
Atlanta, GA 30318-4017  
Phone: 404-792-0070  
Fax: 404-794-0444

Dear Applicant,

We are pleased to learn of your interest in a position with The Bridge, Inc. Attached you will find our application packet. In order to consider you for employment, a completed application is essential. There are three components which are your responsibility:

1. a fully completed application packet;
2. transcript(s); undergraduate not necessary if a graduate degree has been earned in the same area in which employment is sought; and,
3. three reference forms distributed, completed and returned. Experienced teachers must include the address and phone number of anyone listed as a reference. Beginning teachers must include the placement file. If the placement file contains reference from the supervising teacher, college supervisor, and/or major professor, it is not necessary to send reference sheet to those individuals. It is the applicant's responsibility to request the placement file to be mailed to our office.
4. Most positions require a clean 2 year driving record and a valid Georgia Driver's License. Annual Motor Vehicle Reports will be collected. Please inform us of any potential problems with meeting this requirement.

References are confidential. The agency will accept references only from persons completing the reference form. The agency may elect to contact additional reference.

When vacancies have been determined, applications are evaluated relative to identified needs. Selected applicants will then be requested to come to The Bridge office for interview(s). Applicants remain in our active file for one year. If you wish to continue to be considered for employment in the ensuing year, you must so inform us.

**In order to qualify for employment you must be at least 21 years of age. All candidates who wish to be considered for employment must be able to satisfactorily pass a drug and criminal records check. Those individuals wishing to work in direct care must also have a clean motor vehicle record and a valid driver's license.**

Again, thank you for your interest in our agency. We look forward to receiving your application.

Sincerely,

The Bridge, Inc.



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Date of application: \_\_\_\_\_

Date available for employment: \_\_\_\_\_

## PERSONAL INFORMATION

Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Other name(s) under which records may be listed: \_\_\_\_\_  
(Last) (First) (Middle)

Permanent Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)  
\_\_\_\_\_  
(Area Code) (Telephone)

Present Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)  
\_\_\_\_\_  
(Area Code) (Telephone)

## POSITION DESIRED

Check positions for which you are certified and/or desire employment.

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Administrator           | <input type="checkbox"/> Therapist   |
| <input type="checkbox"/> Teacher                 | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Residential Counselor   | <input type="checkbox"/> Kitchen     |
| <input type="checkbox"/> Administrative/Clerical |                                      |
| <input type="checkbox"/> Other: _____            |                                      |

## **WORK EXPERIENCE**

Report in chronological order, beginning with most recent position. (Use separate sheet if necessary)

<b>Employer's Name and Address</b>	<b>Your Position/Job Title</b>	<b>Dates From/To</b>	<b>Supervisor's Name and Phone Number</b>

## **MILITARY**

<b>Branch of Service</b>	<b>Date From/To</b>	<b>Highest Rank</b>	<b>Type of Discharge</b>

## **PROFESSIONAL PREPARATION**

<b>Name of School</b>	<b>City/State</b>	<b>Dates From/To</b>	<b>Credit or Degree</b>

**PERSONAL AND PROFESSIONAL DATA**

1. State reason for leaving your last position: \_\_\_\_\_

2. Are you a U.S. Citizen?  Yes  No  
If no, are you authorized to work in the U.S.?  Yes  No

3. Describe present responsibilities and duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What is your background particularly qualifies you to do the job? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. List any special honors, distinctions, special qualities, interests, hobbies, and/or professional memberships which support this application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Have you ever: *(each question must be answered)*

- | <b>YES</b>               | <b>NO</b>                |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Pled guilty or been convicted of a felony or misdemeanor?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Received an unsatisfactory performance evaluation from an employer?              |
| <input type="checkbox"/> | <input type="checkbox"/> | Received a dishonorable discharge from the armed services?                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Been placed on disciplinary probation or suspended from a college or university? |
| <input type="checkbox"/> | <input type="checkbox"/> | Had more than one traffic ticket in a two-year period.                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Been vaccinated against TB or Hepatitis.   |

If the answer to any of the above questions were YES, please attach an explanation.  
\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

Your application can not be given proper consideration without full names, addresses and telephone numbers.

Persons listed as references should be qualified to answer questions concerning your qualifications for the position you seek. Include two supervisors under you have been employed and one personal reference.

NAME	POSITION	PROFESSIONAL ADDRESS OF REFERENCE			
		School or Location	Area Code	Telephone	
		Street	City	State	Zip Code
		School or Location	Area Code	Telephone	
		Street	City	State	Zip Code
		School or Location	Area Code	Telephone	
		Street	City	State	Zip Code

## PERSONAL STATEMENT

Please write a short statement summarizing why you are interested in a position with this agency. \_\_\_\_\_

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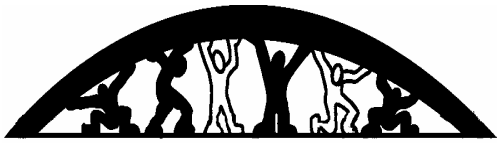
By filing application with The Bridge, if employed, I agree to abide by all the policies as set forth by The Bridge's Board of Directors. I authorize full investigate of the information given in this application and consent to the representatives of The Bridge contacting my reference, previous employers, physicians, hospitals, schools attended, court officials, and law enforcement authorities. I also understand that any misstatement or omission of any information requested shall be a reason for non-employment or dismissal from employment.

The application, transcript, reference, and other data remain the property of The Bridge and shall not be returned.

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

\_\_\_\_\_  
 DATE





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## **DRUG TEST CONSENT FORM**

By signing this form I give The Bridge consent to administer a pre-employment drug test. I understand that this test is only for employment purposes. I understand that the results of this test are confidential.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## **CONSUMER REPORT/INVESTIGATIVE DISCLOSURE AND RELEASE OF INFORMATION AUTHORIZATION**

I authorize The Bridge, Inc. and its background screening company to retrieve information from all personnel, educational institutions, governments agencies, companies, corporation, law enforcement agencies at the federal, state or county level, relating to my past activities to supply any and all information concerning my background. The information received may include but be limited to academic, residential achievement, job performance, attendance, litigation, personnel history, driving history and criminal history records. I understand that this information may be transmitted electronically and authorize such transactions.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



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*To be completed, if you are applying for a  
Youth Service Worker position.*

PLEASE CHECK AVAILABILITY ON THE FOLLOWING SHIFTS.

Place a (1) next to the first choice.

Place a (2) next to second choice, etc.

Put N/A if not available or interested in the shift.

\_\_\_\_\_ Days (7:00 am – 5:00pm)

\_\_\_\_\_ Evening (3:00 pm – 11:00 pm)

\_\_\_\_\_ Nights (11:00 pm – 7:30 am)

\_\_\_\_\_ Part-Time

