

APPLICATION FOR EMPLOYMENT

Community Counseling Center (the Agency) does not discriminate in hiring or employment of qualified candidates on the basis of race, color, religion, national origin, sex or sexual orientation, age, disability or other protected status. No question on this application is intended to secure information to be used for such discrimination. We are an Equal Opportunity Employer.

Position desired _____ Today's date _____

How did you learn of this position? _____

What type of work schedule are you seeking? (Please check all that apply)

Full time Part time Per Diem Temporary Other _____

On what date would you be available to start work? _____

PERSONAL INFORMATION

Name		
Address		
How long at this address?		
Telephone Number	Home	Work or mobile

Provide previous addresses if less than 5 years at current residence:

Street	City	State	Zip	How long at this address?

Are you legally eligible for employment in the United States? Yes No

Have you ever applied for a position at Community Counseling Center? Yes No

Have you ever been employed by Community Counseling Center? Yes No

If yes, list dates of employment: _____

Have you ever been convicted of a crime? Yes No

Conviction will not necessarily disqualify an applicant for employment.

If yes, give dates, type of offense and results of the charges:

EMPLOYMENT HISTORY

Please complete this entire section, even if you are attaching a resume.

List the last 10 years of your employment history, beginning with your current or most recent employer. If additional space is needed, please use the back of this form.

Company name & address	Dates of employment	Supervisor name & phone number
Rate of pay:	Reason(s) for leaving:	
Title:		

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May we contact all the employers listed above? Yes No

If not, which ones should we not contact and why?

To your knowledge, are you able to perform all the essential functions of the position for which you are applying? Yes No

Comments:

REFERENCES

List the names and telephone numbers of three persons not related to you who can vouch for your character, habits and reliability.

Name	Relationship to applicant	Telephone number

Please note: Community Counseling Center performs reference checks on all candidates prior to extending a job offer.

EDUCATION BACKGROUND

	School name & address	Degree awarded	Course or major	Graduate?	
High School				<input type="checkbox"/> Yes	<input type="checkbox"/> No
College				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Graduate				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Post Graduate				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please note: clinical staff will be asked to provide a college transcript if an offer of employment is made.

SUPPLEMENTAL INFORMATION – CLINICAL STAFF ONLY

Have you ever been found guilty of professional malpractice? Yes No

If yes, give dates, type of offense and results of the charges:

Has your license or professional registration, clinical privileges, staff privileges, professional society member or any other institutional affiliation ever been denied, revoked, suspended, reduced, placed on probation or otherwise relinquished?

Yes No

If yes, please explain:

TRANSPORTATION OF CLIENTS

Complete this section if the job you are applying for requires the use of an automobile.

Please note: Staff who transport clients are subject to annual driving record checks and must provide proof of insurance and a valid driver's license upon hire.

Do you possess a valid driver's license? Yes No

Have you ever been denied a license, permit or privilege to operate a motor vehicle?
 Yes No

If yes, please explain:

Have you ever had your license or permit suspended or revoked? Yes No

If yes, please explain:

Accident record for previous 10 years:

Accident date	Nature of accident	Reasons	Injuries

Traffic convictions and forfeitures for the past 5 years (other than parking violations):

Date	Location	Charge	Penalty

APPLICANT'S CERTIFICATION

Please read carefully before signing. If you have any questions regarding this statement, please ask the employment interviewer before signing.

The distribution or receiving of this application by the Agency does not imply or intend to imply an agreement or contract to employ the applicant. The purpose of this application is solely to allow persons a standardized form on which to submit their qualifications.

The Agency is hereby authorized to conduct an investigation of my personal history for purposes of determining my qualifications for employment. This investigation may include information as to my character, general reputation, professional reputation, credentials and police record. This information may be obtained from references from at least three (3) persons who are not related to me including references from previous employers, appropriate ethics committees and/or licensing, certification or accrediting bodies, State Departments of Human Services Child Protective Services, national police records and/or public records for arrest, convictions or other criminal information available through public information.

I hereby acknowledge that I have reviewed this application form and understand the purpose and the content of the information requested. If I am employed by the Agency, I will comply with all rules and regulations as set forth in the Agency's policy operations manual or other communications distributed to employees.

I understand that, if employed, falsified statements or material omission on my application or resume shall be considered sufficient cause for dismissal.

I also understand that if offered employment, I must prove my identity and my eligibility to work in the United States prior to being employed.

Signature of applicant _____ Date _____