



COUNSELING POSITION EMPLOYMENT APPLICATION FORM
 THE CENTER for Counseling & Health Resources, Inc.

It is the policy of The Center for Counseling and Health Resources, Inc. to recruit, hire and promote for all job classifications on the basis of merit, qualification and competence without regard to race, color, national origin, religion, sex, age or handicap. All employment decisions will be made solely upon the basis of the individual's qualifications as related to the requirements of the position being filled. Please note: You are not required to furnish any information which is prohibited by federal, state or local law.

Last Name	First	Middle	() -
			Home Phone Number
Home Address	City	State	Zip Code
			() -
			Cell Number
Mailing Address	City	State	Zip Code
			() -
			Business Phone Number

Position applied for: _____ How were you referred to us? _____

Salary desired: _____ Employment desired: Full-time Part-time Apprenticeship Internship

Date available: _____ Shifts desired: Days Evenings Week days Weekends

Are you a U.S. citizen? Yes No

I. BUSINESS EXPERIENCE: *(Please start with your present position.)*

A. Firm _____ **Kind of Business** _____

Mailing Address	City	State	Zip Code	() -
				Business Phone Number

Employed from *(please include months as well as years)*: ____/____/____ to ____/____/____ Title: _____

Initial compensation: \$ _____ Final total compensation: \$ _____ Supervisory responsibility? _____

If yes, please explain: _____ Nature of work: _____

Name of Immediate Supervisor: _____ Title of Supervisor: _____

What do (did) you like most about your job? _____

What do (did) you enjoy least? _____

Reasons for leaving or desiring to change _____

B. Firm _____ **Kind of Business** _____

Mailing Address	City	State	Zip Code	() -
				Business Phone Number

Employed from *(please include months as well as years)*: ____/____/____ to ____/____/____ Title: _____

Initial compensation: \$ _____ Final total compensation: \$ _____ Supervisory responsibility? _____

If yes, please explain: _____ Nature of work: _____

Name of Immediate Supervisor: _____ Title of Supervisor: _____

What do (did) you like most about your job? _____

What do (did) you enjoy least? _____

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Initial compensation: \$ _____ Final total compensation: \$ _____ Supervisory responsibility? _____

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What do (did) you like most about your job? _____

What do (did) you enjoy least? _____

Reasons for leaving or desiring to change _____

OTHER POSITIONS HELD:

	a. Company b. City	a. Your Title b. Name of Supervisor	a. Date began b. Date ended	a. Initial Compensation b. Final Compensation	a. Type of work b. Reason for leaving
a.	_____	_____	____/____/____	_____	_____
D.	b. _____	b. _____	b. ____/____/____	b. _____	b. _____
E.	a. _____	a. _____	a. ____/____/____	a. _____	a. _____
	b. _____	b. _____	b. ____/____/____	b. _____	b. _____
F.	a. _____	a. _____	a. ____/____/____	a. _____	a. _____
	b. _____	b. _____	b. ____/____/____	b. _____	b. _____
G.	a. _____	a. _____	a. ____/____/____	a. _____	a. _____
	b. _____	b. _____	b. ____/____/____	b. _____	b. _____

Indicate by letter, any of the above employers you do NOT wish contacted: _____

II. MILITARY EXPERIENCE:

If in service, please indicate: Branch _____ Date(mo./yr.) entered ____/____/____ Date(mo./yr.) discharged ____/____/____

Nature of duties _____

Highest rank or grade _____ Terminal rank or grade _____

III. EDUCATION:

(circle highest grade completed) High School: 1 2 3 4 College / Graduate School: 1 2 3 4 5 6 7 8

A. High School Name of High School: _____ Location: _____

Dates (mo./yr.) attended _____ Graduation month and year _____

Offices, honors/awards _____

Part-time or summer work during high school _____

B. College / Graduate School

Name & Location	From	To	Degree Major	G.P.A.	Total Credit Hours	Extracurricular Activities, Honors and Awards
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				(A=____)		
				(A=____)		
What undergraduate courses did you like the most				(A=____)	Why	

What undergraduate courses did you like the most _____ Why _____

How was your education financed _____

Part-time and summer work during college / graduate school _____

Other courses, seminars or studies _____

IV. LICENSING / CERTIFICATION:

A. Licensing / Certification

State: _____ Type: _____

Number: _____ Date of Issue: _____ Expiration date: _____

B. Certification / Registration

Type: _____

Number: _____ Date of Issue: _____ Expiration date: _____

Has any disciplinary action been taken or is there any disciplinary action pending against you in relation to the following: License, certification, registration, membership or privileges in any institution, membership in a professional organization? Yes No
(If yes, please attach a detailed explanation on a separate sheet.)

V. ACTIVITIES:

Membership in professional or job-relevant organizations (You may exclude racial, religious and nationality groups)

Publications, professional licenses or additional special honors or awards _____

What qualifications, abilities and strong points will help you succeed in this job? _____

What are your shortcomings and areas for improvement? _____

ADDITIONAL INFORMATION: Please include on a separate sheet any other information you think would be helpful to us in considering you for employment.

I certify that the answers given by me to the foregoing questions and statements are true, correct and without omissions. I authorize The Center, Inc. to investigate the foregoing, and any other information that might assist The Center, Inc. to determine my qualifications for employment. I release The Center, Inc. and my former employers, and all others, from liability for damage, which may result from such investigation. If, upon investigation, anything contained in the application is found to be untrue, I understand I will be subject to dismissal at any time during employment.

Date

Signature

**COUNSELOR APPLICATION SUPPLEMENT
(OPTIONAL)**

1. Your concept of what a "team approach" or a "team member" means:

2. Mode (s) of treatment utilized: _____

3. Mode (s) of treatment not utilized: _____

4. Preferred manner of supervision: _____

5. What does treating the "whole person" mean to you?:

6. Experience with adolescents: _____

7. Experience with children (ages & types of issues): _____

8. Experience with victims of abuse: _____

Manner of treatment of sexual abuse: _____

9. Experience with chemical dependency issues: _____

10. Beliefs about medication usage and experience: _____

11. Describe types of client "Homework" given: _____

12. Treatment of eating disorders (i.e. anorexia, bulimia and compulsive overeating):

13. Books and resources recommended to clients: _____

14. How do you see the role of nutrition (e.g.: a depressed client): _____

15. Experience with psychological instruments or tests: _____

16. Your definition of grace: _____

17. Describe your experience with counseling clients on an individual basis. Was the counseling informal or as part of a formal, written treatment plan? Briefly describe the nature of types of treatment plan involved, if applicable:

18. Describe your experience conducting family counseling. How frequently did you meet with the families you counseled?
