



**MEDICAL 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? \_\_\_\_\_

Reasons for leaving or desiring to change \_\_\_\_\_

C. 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 \_\_\_\_\_

**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.	_____	a. _____	a. ___/___	a. _____	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

				(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

**MEDICAL APPLICATION SUPPLEMENT  
(OPTIONAL)**

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

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2. Mode (s) of treatment utilized: \_\_\_\_\_

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3. Mode (s) of treatment not utilized: \_\_\_\_\_

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4. Preferred manner of supervision: \_\_\_\_\_

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

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6. Experience with adolescents: \_\_\_\_\_

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

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8. Experience with victims of abuse: \_\_\_\_\_

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Manner of treatment of sexual abuse: \_\_\_\_\_

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9. Experience with chemical dependency issues: \_\_\_\_\_

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10. Beliefs about medication usage and experience: \_\_\_\_\_

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11. Describe types of patient "Homework" given: \_\_\_\_\_

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

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13. Books and resources recommended to patients: \_\_\_\_\_

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

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15. Experience with psychological instruments or tests: \_\_\_\_\_

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16. Your definition of grace: \_\_\_\_\_

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