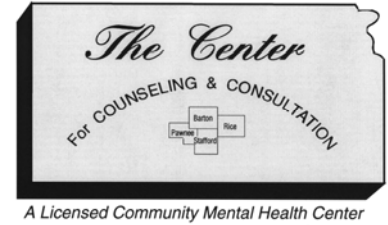


# APPLICATION FOR EMPLOYMENT

## THE CENTER FOR COUNSELING & CONSULTATION

AN EQUAL OPPORTUNITY EMPLOYER



Applicants are considered for all positions without regard to race, color, religious opinions or affiliations, sex, national origin, age, veteran status, marital status, disability and any other protected classes under relevant federal, state, and local laws, provided the applicant is qualified and with reasonable accommodations, can perform the essential functions of the job in question, pursuant to section 504 of the rehabilitation act of 1973. The Center for Counseling & Consultation is an equal opportunity employer and does not discriminate in hiring or employment practice.

### PERSONAL INFORMATION

Position: \_\_\_\_\_

Date: \_\_\_\_\_

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

Present Address: \_\_\_\_\_  
Street City KS State Zip

Permanent Address: \_\_\_\_\_  
Street City KS State Zip

Contact Information: \_\_\_\_\_ Best Time to Call?  Morning  Afternoon  Evening  
Home

\_\_\_\_\_ May We Call You at Work?  Yes  No  
Work

\_\_\_\_\_ Cell Number \_\_\_\_\_ Email Address

Will you be able to prove that you are authorized to work in the U.S. as part of FORM I-9 verification?  Yes  No

Are you 18 Years old or Older?  Yes  No

Have you ever been convicted of a felony crime that has not been expunged or sealed by a court?  Yes  No

If yes, explain: \_\_\_\_\_

A CRIMINAL HISTORY DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT.

## EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_ Salary Desired: \$ \_\_\_\_\_

Are you Employed Now?  Yes  No

Have You Ever Applied to The Center For Counseling Before?  Yes  No When? \_\_\_\_\_

Referred By: \_\_\_\_\_

Do you have relatives currently working at The Center?  Yes  No Who? \_\_\_\_\_

## EDUCATION

	Name & Location of School	Number of Years Attended	Did You Graduate?	Subjects Studied
Elementary School	Name: Location:	n/a	n/a	n/a
High School	Name: Location:	4	Yes	n/a
College	Name: Location:	6	Yes	Major:
Trade/Business School	Name: Location:	4	Yes	Major:

Certifications/Licenses - <u>Computer, CPR, 1<sup>st</sup> Aid, Nursing, LMLP, LSCSW, LMLP, LCP, LMFT, LCPC etc.</u> (List All & License Numbers as appropriate)	Year Obtained	State Issued & Expiration Date	Level – Beginning, Intermediate, Advanced
			Beginning
			Beginning
			Beginning
			Beginning
			Beginning

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## COMPUTER SKILLS

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**Internet :**  None (don't use internet)

Beginner Skills (can surf by using search engines)

Intermediate Skills (copy & paste from Webpage, download documents)

**Email:**  None (don't use email)

Beginner Skills (can send and receive email)

Intermediate Skills (can attach documents to email, save documents received via email, can send email to more than one recipient at a time, can create folders to store emails, create contacts)

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**Word:**  Never Use

Use Occasionally

Use Often

**Excel:**  Never Use

Use Occasionally

Use Often

**Other Computer Programs &/or Computer Skills (please list skill level also):**

1.

2.

3.

4.

5.

6.

7.

8.

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## GENERAL INFORMATION

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**Special Skills:** \_\_\_\_\_

**Activities (Civic, Athletic, Hobbies):** \_\_\_\_\_

*Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members*

**U.S. Military/Naval Service:** Air Force **Rank:**

**Present Membership in National Guard or Reserves:**  Yes  No

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## EMPLOYMENT HISTORY

Date: Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From: Jan 00, To: Jan 00,	Name: Address: City, ST. & Zip:	\$ Annually		
From: Jan 00, To: Jan 00,	Name: Address: City, ST. & Zip:	\$ Annually		
From: Jan 00, To: Jan 00,	Name: Address: City, ST. & Zip:	\$ Annually		
From: Jan 00, To: Jan 00,	Name: Address: City, ST. & Zip:	\$ Annually		
From: Jan 00, To: Jan 00,	Name: Address: City, ST. & Zip:	\$ Annually		
From: Jan 00, To: Jan 00,	Name: Address: City, ST. & Zip:	\$ Annually		
From: Jan 00, To: Jan 00,	Name: Address: City, ST. & Zip:	\$ Annually		
From: Jan 00, To: Jan 00,	Name: Address: City, ST. & Zip:	\$ Annually		
From: Jan 00, To: Jan 00,	Name: Address: City, ST. & Zip:	\$ Annually		

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## REFERENCES

NAME OF THREE (3) PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR

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Name	Address	Phone Number	Professional/ Personal	Years Acquainted
	Address: City, ST. & Zip:	(H) (W)	Personal Reference	
	Address: City, ST. & Zip:	(H) (W)	Personal Reference	
	Address: City, ST. & Zip:	(H) (W)	Personal Reference	

## CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

I undersigned applicant for employment, in return for The Center for Counseling & Consultation consideration of me as a possible employee, agrees and consents that The Center for Counseling & Consultation and its agents have permission any time before or after employment to contact my former employer(s) and any other necessary contacts. I voluntarily and knowingly authorize any present employer or past employer/supervisor, college, other institute of learning, administrator, private business, registries and background information organizations, personal reference and/or other person to give records of information requested by The Center for Counseling & Consultation. I authorize the investigation of any or all statements provided during the process of this application. I voluntarily and knowingly, unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. A photographic or faxed copy of the authorization shall be as valid as the original.

I authorize the investigation of any or all statements provided during the process of this application to hereby release said companies, schools, or persons from all liability for any damages for issuing this information concerning my employment and background:

1. Dates of employment
2. Salary and Wage History
3. Job Description and duties
4. Evaluations
5. Reason for release from service, voluntarily or involuntarily
6. Criminal/Background/Driving Records

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with The Center for Counseling & Consultation is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge an employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Executive Director and his/her appointee.

In accordance with the DRUG FREE WORKPLACE ACT of 1988, The Center for Counseling & Consultation is a drug free work place and can request drug testing. Providing a drug free workplace will allow all employees to enjoy a safe, productive and healthy work environment. Employees are urged to seek assistance prior to problems affecting on-the-job performance.

I understand that in the event I am offered a position with The Center for Counseling & Consultation, employment is contingent upon my passing criminal background checks, adult and child protective services checks and a driver's license check.

I hereby affirm that the information provided on this application (and accompanying resume, if any) or in the interview(s) is true and complete. In the event of employment, I understand that any false, misleading representations or omissions will disqualify me from further consideration for employment and will result in discharge even if discovered at a later date.

I realize that as a condition of employment, I will be required to show original documentation of both identity and eligibility to work in the United States.

I have read, understand and agree to abide by the above listed statements and authorized release of information.

**In submitting this application for employment to The Center for Counseling & Consultation,  
I clearly understand and agree to the above terms.**

Yes  No