

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status, or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring an accommodation to complete the application and/or interview process should contact a management representative.

Position(s) applied for		Date of application		
Print full name				
Street address		City	State	ZIP
Main phone number		Email		
License Type (LPC, LCSW, PhD, etc.)		Office location applied for		
Are you applying for Full Tir	me or Part Time?			
Have you ever been convict	ted of a felony or have cha	rges pending for a fe	elony? No	o or Yes?
If yes, please explain.				
Can you submit proof that y	ou are legally eligible to w	ork in the USA? No_	or Yes	
If you are under 18, can you furnish a work permit if it is required? No or Yes				



Employment Experience

List the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time. If self-employed, give company name and supply business references. Add an additional page if necessary.

Name of employer	Supervisor	may we contact:
		□ Yes □ No
Street address		
Phone number	Dates employed (mon	th/year)
	From	То
Job title and duties	Reason for leaving	
Starting Wage	Ending Wage	
Name of employer	Supervisor	May we contact?
		☐ Yes ☐ No
Street address		
Phone number	Dates employed (month/year)	
	From	То
Job title and duties	Reason for leaving	
Starting Wage	Ending Wage	



Name of employer	Supervisor	May we contact?
		☐ Yes ☐ No
Street address		
Phone number	Dates employed (mon	th/year)
	From	То
Job title and duties	Reason for leaving	
Starting Wage	Ending Wage	
Starting wage	Lifullig Wage	
Have you ever been involuntarily terminated or a	asked to resign from an	v iob? □ Yes □ No
		, , , , , , , , , , , , , , , , , , , ,
If yes, explain.		
Explain any gaps in your employment history.		



=	=	-	skills, additio	nal languages	, or other quali	fications that
you believe sh	iould be con	sidered.				

Education

Describe your educational background in the table provided below.

	School name	Diploma/ degree (Yes/No)	# Years Completed	Diploma, Degree, Certificate
High school				
College/				
university				
Graduate/				
professional				
school				
Courses/				
Seminars				
Special				
Training				
Other				



Business References

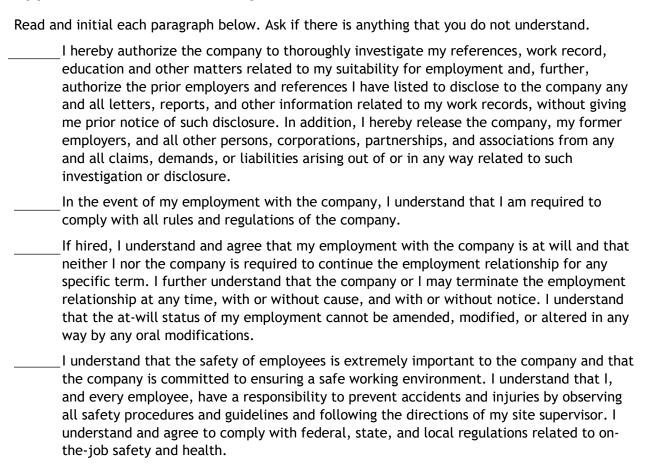
List three business references of individuals who are not related to you.

Name and title	Relationship	Phone number and email

Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.



Applicant Statement and Agreement





I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration law requires me to complete an I-9 Form in this regard.
I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed, and the remainder of this Agreement shall be enforceable.
My signature attests to the fact that I have read, understand, and agree to all of the above terms.
Signature:
Name (print):
Date: