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| Be Well Counseling Services  Employment Application |  |

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| PERSONAL Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | |  | | | | | | | | | | | | | | | | First | |  | | | | | | | | | | | M.I. | | | Date | | |  | |
| Street Address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | |  | |
| City |  | | | | | | | | | | | | | | | | | | | | State | |  | | | | | | | | | | | ZIP |  | | | | | | |
| Phone |  | | | | | | | | | | | | | | | | | | | | E-mail Address | | | | |  | | | | | | | | | | | | | | | |
| Date Available | | | | | | |  | | | | | | | | | | | Social Security No. | | | | |  | | | | | | | | | | | | | | | | | | |
| Position Applied for | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | | | | | | | | | | | | | | YES | | NO | | | | If no, are you authorized to work in the U.S.? | | | | | | | | | | | | | | | | YES | | NO |
| Have you ever worked for Be Well Counseling Services? | | | | | | | | | | | | | | | | | YES | | NO | | | | If so, when? | | | | |  | | | | | | | | | | | | | |
| Have you ever been convicted of a felony? | | | | | | | | | | | | | | | | | YES | | NO | | | | If yes, explain | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERSONAL Summary – What sets you apart from other applicants | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What uniqueness do you bring to Be Well Counseling Services? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tell us what you plan to get out of working for Be Well Counseling Services? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tell us the story of why you entered the mental health field? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tell us another interesting story about yourself? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tell us about who you are 5 years from now? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Tell us 3 things you observe about the patient in the picture? | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | Tell us 3 things you observe about the patient in the picture? | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | Tell us 3 things you observe about the patients in the picture? | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | Tell us 3 things you observe about the patient in the picture? | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| College | |  | | | | | | | | | | | | | | | | | Address | | | |  | | | | | | | | | | | | | | | | | | |
| From | |  | | | | | | To | | | |  | | Did you graduate? | | | | | YES | | | | NO | | | | Degree | | | | |  | | | | | | | | | |
| Other | |  | | | | | | | | | | | | | | | | | Address | | | |  | | | | | | | | | | | | | | | | | | |
| From | |  | | | | | | To | | | |  | | Did you graduate? | | | | | YES | | | | NO | | | | Degree | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list three professional references. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | |  | | | | | | | | | | | | | | | | | | | Relationship | | | | | | | |  | | | | | | | | | |
| Company | | | | |  | | | | | | | | | | | | | | | | | | | Phone | | | | |  | | | | | | | | | | | | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | |  | | | | | | | | | | | | | | | | | | | Relationship | | | | | | | |  | | | | | | | | | |
| Company | | | | |  | | | | | | | | | | | | | | | | | | | Phone | | | | |  | | | | | | | | | | | | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | |  | | | | | | | | | | | | | | | | | | | Relationship | | | | | | | |  | | | | | | | | | |
| Company | | | | |  | | | | | | | | | | | | | | | | | | | Phone | | | | |  | | | | | | | | | | | | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Previous Employment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company | | | |  | | | | | | | | | | | | | | | | | | | | | Phone | | | | |  | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | | |  | | | | | | | | | | |
| Job Title | | |  | | | | | | | | | | | | | | | | | Starting Salary | | | | | $ | | | | | | | | Ending Salary | | | | | $ | | | |
| Responsibilities | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From |  | | | | | | | | To | | | |  | | | Reason for Leaving | | | | | |  | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | YES | | | NO | | | | |  | | | | | | | | | | | |
| Company | | | |  | | | | | | | | | | | | | | | | | | | | | Phone | | | | |  | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | | |  | | | | | | | | | | |
| Job Title | | |  | | | | | | | | | | | | | | | | | Starting Salary | | | | | $ | | | | | | | | Ending Salary | | | | | $ | | | |
| Responsibilities | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From |  | | | | | | | | To | | | |  | | | Reason for Leaving | | | | | |  | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | YES | | | NO | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Military Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | From | | |  | | To | |  | | | |
| Rank at Discharge | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Type of Discharge | | | | | | |  | | | |
| If other than honorable, explain | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Disclaimer and Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge.  If this application leads to employment, I understand that false or misleading information in my application or interview  may result in my release. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | |  | | | | | |