Employment application

# \*\*\*Please include education, employment history and references in attached RESUME! \*\*\*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |  | | | | | Yearly gross at your last job | | | | | | $ | | | | | | | | |
| 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 | |  | | | | | | | | | |
| Are you currently registered with DORA in Colorado? | | | | | | YES | NO | | If so, when? | |  | | | | | | | | | |
| Do you belong to any professional associations or affiliations? | | | | | | YES | NO | | If yes, list | |  | | | | | | | | | |
| Can you pass a drug test for all substances including marijuana? | | | | | | YES | NO | | If no, what drug? Dr Prescription? | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 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? | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| observation | | | | | | | | | | | | | | | | | | | | |
|  | | 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? | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Military service | | | | | | | | | | |
| Branch | |  | | | From | |  | | To |  |
| Rank at Discharge | |  | | Type of Discharge | | |  | | | |
| If other than honorable, explain | | |  | | | | | | | |
|  | | | | | | | | | | |
| disclaimer and signature | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge.  I have applied for employment with Be Well Counseling Services, hereinafter referred to as BWCS, and have provided information about my previous employment. I authorize BWCS to conduct a reference check with my present and/or previous employer(s). I understand that reference information may include, but not be limited to, verbal and written inquiries or information about my employment performance, professional demeanor, rehire potential, dates of employment, salary and employment history.  My signature below authorizes my former or current employers and references to release information regarding my employment record with their organizations and to provide any additional information that may be necessary for my application for employment with BWCS, whether the information is positive or negative.  I knowingly and voluntarily release all former and current employers, references, and BWCS from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with BWCS. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.  This form may be photocopied or reproduced as a facsimile, and these copies will be as effective as a release or consent as the original which I sign. | | | | | | | | | | |
| Signature |  | | | | | Date | |  | | |