



Employment Application

It is the policy of Concord Counseling Services to provide a harassment-free and equal employment opportunity work environment for all applicants and employees. Concord Counseling Services is committed to complying with all applicable federal, state and local regulations which provide protection from discrimination for various groups of applicants and employees.

Concord Counseling Services maintains a Code of Ethics and specific policies regarding employee and applicant honesty, performance, conduct and attendance. Additionally, Concord Counseling Services reserves the right to investigate any suspected unethical or illegal activities and any violation of the policies including, but not limited to, misappropriation of funds, falsification of records, the use, sale or possession of alcohol or drugs while working or working under the influence of drugs or alcohol, unexcused absences, and the like. Violations of the policies will result in disciplinary actions by Concord Counseling Services, which could include termination and prosecution. **THE EMPLOYMENT RELATIONSHIP AT CONCORD COUNSELING SERVICES IS AT WILL, AND EMPLOYMENT CAN BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE AT THE OPTION OF EITHER CONCORD COUNSELING SERVICES, OR THE EMPLOYEE.** Questions about these policies may be addressed to the Executive Director of Concord Counseling Services. Please answer all questions completely and accurately. Incomplete applications may be rejected.

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|---|---|---|----------------------------|
| Name (Last, First, Middle) | | Home Phone | Current Date |
| Email Address | | Cell Phone | |
| Present Address (Street, City, State, Zip Code) | | | |
| If you have lived at the above address for less than six months, list your previous addresses | | | |
| Are you currently legally eligible (by reason of citizenship or legal alien status) for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is your residency in the U.S. based on a student visa? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of citizenship or immigration status will be required upon employment) | | | |
| Will you require employer sponsorship in order to remain eligible for work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Applicants must be presently authorized to work in the United States on a full-time basis) | | | |
| Social Security Number | Have you ever worked under a different last name than currently used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide name: _____ | | |
| If you are under 18 years of age, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Have you ever applied for employment at Concord Counseling Services? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | If yes, when? |
| Have you ever been employed by Concord Counseling Services? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, give dates of employment | Position(s) Held? |
| Are you related to anyone at Concord Counseling Services? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, give name | Relationship to you |
| How were you referred to Concord Counseling Services? | | | |
| Have you ever been convicted of a criminal offense, or participated in a pre-trial deferral or diversion program? <input type="checkbox"/> Yes <input type="checkbox"/> No Falsification, misrepresentation and/or omission of criminal conviction is grounds for refusal to hire, or if hired, for dismissal. (Note: A conviction does not automatically disqualify an applicant from employment. The date, nature and seriousness of the offense will be considered.) If answer is yes, indicate date(s) of conviction and the type(s) of offense(s); include those matters for which you may have pled guilty, no contest, or participated in a pre-trial diversion program: _____ _____ | | | |
| Should you have a criminal conviction or a pending charge, Concord Counseling Services may be required to suspend or terminate your employment. Additionally, Concord Counseling Services requires background investigations regarding criminal records of our employees. If you have any concerns with regard to these matters, our preference is to discuss them prior to employment. Omission of information deemed material by Concord Counseling Services will be considered a willful misstatement and may be grounds for immediate termination of the application process, or of employment by Concord Counseling Services. | | | |

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|--|---|--|--|--|
| Position Applied For | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Limited Time – less than 1,000 hours | | | |
| | INDICATE HOURS YOU ARE AVAILABLE FOR WORK M () T () W () TH () F () SA () SU () | | | |
| Salary Requirements (please specify) | Available Employment Date | | How many hours per week do you prefer? | |
| Would you be willing to work additional hours? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are there any limitations on your working hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain | | | |
| Are you aware of any circumstances, legal or otherwise, excluding medical conditions, which may limit the length of your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain | | | | |
| Are you available to work nights? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

PLEASE COMPLETE THIS SECTION INCLUDING DATES ATTENDED COLLEGE(S)

| | | | |
|---|--|----|--------------------------|
| High School Name | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Address (Street, City, State, Zip Code) | Course of Study | | |
| College Attended | Attended: from | to | Overall GPA Major GPA |
| Address (Street, City, State, Zip Code) | Name of Degree | | Date Degree Obtained |
| College Attended | Attended: from | to | Overall GPA Major GPA |
| Address (Street, City, State, Zip Code) | Name of Degree | | Date Degree Obtained |

| SKILLS | |
|--|--|
| OPERATIONAL SKILLS | CLINICAL SKILLS |
| <input type="checkbox"/> Customer Service Rep / Receptionist / Direct Telephone | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Second Language: _____ <input type="checkbox"/> Speak (fluently) |
| <input type="checkbox"/> Medical Billing | <input type="checkbox"/> Write (fluently) |
| <input type="checkbox"/> Microsoft Office Proficiency (i.e. Word, Excel, PowerPoint) | CREDENTIALS |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Social Worker License Number _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Psychologist License Number _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Psychiatrist License Number _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Note: You may exclude any organizations or activities in which the name or character of the organization indicates your race, color, religion, national origin, veteran status, ancestry, age, disability, marital status or any other classification protected by federal, state or local law.

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| Honors and Achievements: Use the space provided to list additional interests, skills, or qualifications that you possess that you feel qualify you for the position for which you are applying: |
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Please list jobs held within the last ten years, beginning with your present or most recent job. Self-employment, voluntary work, and military work experience should be included. PLEASE USE ADDITIONAL SHEETS, IF NECESSARY.

| PREVIOUS EMPLOYMENT | | | | |
|---|--------------------|--|-------------------------------|--|
| Employer | Type of Business | Telephone # | | |
| Address (Street, City, State, Zip Code) | | | Employed: from _____ to _____ | |
| Salary: <i>beginning</i> <i>ending</i> | Title of Position: | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary | Supervisor | |
| Description of Work: | | | | |
| | | | | |
| | | | | |
| Reason for Leaving | | | | |
| | | | | |
| Employer | Type of Business | Telephone # | | |
| Address (Street, City, State, Zip Code) | | | Employed: from _____ to _____ | |
| Salary: <i>beginning</i> <i>ending</i> | Title of Position: | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary | Supervisor | |
| Description of Work: | | | | |
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| | | | | |
| Reason for Leaving | | | | |
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| <p>If any of the employers identified above were asked why you left, would their answers be the same as yours?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____</p> <p>Were you involuntarily terminated from any previous position?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____</p> |
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| REFERENCES | | | | |
|--|---------|------------------|------------|-------------|
| Personal References: Names of Non-Relatives who can provide Professional and/or Character References | | | | |
| Name | Address | Telephone Number | Occupation | Years Known |
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CERTIFICATION

Please read carefully. If you have any questions regarding this statement, please discuss them with the Interviewer before signing:

“In the event of my employment, I agree to conform to the policies and any other rules and regulations of Concord Counseling Services and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by Concord Counseling Services at any time, at Concord Counseling Services’ sole option and without prior notice to me. I understand that this application will be given every consideration but its receipt does not imply that I will be employed. I understand that this employment application and any other Concord Counseling Services documents are not contracts for employment, and that my employment will be employment at will and can be terminated at any time, with or without cause or notice, at the option of either Concord Counseling Services or myself. If hired, I understand that no modification or alteration of my employment at will status shall be valid or binding, unless it is expressly set forth in a written document by the Executive Director.”

Initials

“I understand that Concord Counseling Services may require me to undergo a drug test by medical staff and/or agent selected by Concord Counseling Services as a condition of my employment and/or continued employment. I consent to the release of my drug test results to Concord Counseling Services and/or their representatives. I further understand that I must successfully pass the drug test to be considered for employment with Concord Counseling Services. I understand that medical examinations, including random drug testing, which are job-related and consistent with Concord Counseling Services business necessity, may be required of me once I am employed. I further release Concord Counseling Services, including all its officers, agents, representatives and employees from any and all claims, suits, causes of action, liabilities and damages associated with or arising from my submission to a drug test and/or medical examination.”

Initials

“I understand that Concord Counseling Services may require me to undergo a background check, which may include fingerprinting in order to verify any criminal convictions I may have or any pre-trial or diversion programs I may have participated in.” I consent to the release of my background/fingerprinting results to Concord Counseling Services and/or their representatives.

Initials

“I understand that Concord Counseling Services maintains a restricted smoking environment and that smoking is not allowed inside Concord’s facility.

Initials

“I understand that this application will remain open, for the JOB FOR WHICH I HAVE APPLIED, for a sixty (60) day period.”

Initials

“I certify that the information in this application is correct and complete. I understand that if offered employment, my employment is contingent on completing all aspects of the pre-employment and reference checking processes.” I further release Concord Counseling Services, including all its officers, agents, representatives and employees from any and all claims, suits, causes of action, liabilities and damages associated with or arising from my submission to a background check /fingerprinting or drug test and/or medical examination.”

Initials

Applicant’s Signature

Date