

SOUTHWEST COUNSELING SERVICE APPLICATION FOR EMPLOYMENT

Equal opportunity employer. Applications are considered for employment without regard to sex, marital status, race, color, religion, sexual orientation, creed, national origin, age, physical or mental disability.

Your application is a permanent part of your record.

PERSONAL INFORMATION				
Last Name	First Name	Middle Name		
Street Address/P.O. Box	City	State	ZIP	Telephone Number
E-mail Address				
How long have you been at your current address? Years Months				
3 Previous Addresses: (If you are completing this form on paper, include a separate sheet if needed.)				
Street Address/P.O. Box	City	State	ZIP	
Street Address/P.O. Box	City	State	ZIP	
Street Address/P.O. Box	City	State	ZIP	
Are you over 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have a valid Driver License? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you a US citizen or approved to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What document can you provide as proof of citizenship or legal status?				
Is a relative currently employed by, or a Board Member of Southwest Counseling Service? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes", what is the relative's name?				
EMPLOYMENT INFORMATION				
Position applying for:				
Are you looking for a: <input type="checkbox"/> Full-time position? <input type="checkbox"/> Part-time position? <input type="checkbox"/> Temporary Position?				
Indicate shift(s) able/willing to work: <input type="checkbox"/> Day <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Overnight <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays				
Do you have reliable transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you able to perform the job duties described for the position you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you previously been employed by Southwest Counseling Service? <input type="checkbox"/> Yes <input type="checkbox"/> No				

SPECIAL SKILLS

List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organization/teams, etc.)

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present / previous employers in reverse chronological order, (most recent listed first). Account for all periods of time, including military service and unemployed time. If self-employed, give firm name, and supply business references. (Attach additional pages if needed.) Please do not use "Refer to resume".

Employer		Telephone
Full Address		
Job Title		Dates of employment
Supervisor		Work Performed
Reason for leaving	May we contact the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Employer		Telephone
Full Address		
Job Title		Dates of employment
Supervisor		Work Performed
Reason for leaving	May we contact the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Employer		Telephone
Full Address		
Job Title		Dates of employment
Supervisor		Work Performed
Reason for leaving	May we contact the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Have you ever been terminated or asked to resign from any job? Yes No

If yes, please explain circumstances:

Please explain fully any gaps in your employment history.

EDUCATION

School Name	Years Completed	Diploma/Degree	Major or Course of study	Specialized training, skills, & experience
High School / GED	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			
College/University	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
Graduate/Professional	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
Other				

Note: A copy of official transcript(s) must be included if you are applying for a Licensed / Certified / Professional position.

PROFESSIONAL REFERENCES

List three professional references. Letters of reference must accompany application.

Name		Address		
Telephone	Occupation		Time Acquainted	
Name		Address		
Telephone	Occupation		Time Acquainted	
Name		Address		
Telephone	Occupation		Time Acquainted	

PROFESSIONAL LICENSURE/CERTIFICATION

List each license / certification by State issues and date of expiration (if applicable).

Has any jurisdiction, state or association refused, rejected, dismissed, withdrawn, or denied your application for certification or licensure in any profession? Yes No

Has any jurisdiction or association revoked, suspended, refused to renew, conditioned, restricted, imposed fine or civil penalty, required continuing education, or otherwise disciplined you, your license or your membership? Yes No

Have you voluntarily surrendered a license, certificate, permit, or registration for any reason other than non-renewal? Yes No

To the best of your knowledge, has a complaint been filed against you in any jurisdiction, professional association, or facility or are you currently under investigation? Yes No

Have you been named as a defendant to a civil suit related to your practice or profession (i.e. malpractice, review panel)? Yes No

LEGAL

Have you ever been arrested? Yes No

Have you ever been charged or convicted (including a nolo contendere plea or guilty plea) of a misdemeanor, felony, or other criminal offense (other than minor traffic violations) in any court? Yes No

Have you been convicted of DUI? Yes No

DUI Date(s) if any:

Have you ever been convicted of abuse of a child or adult? Yes No

Have you ever used another name? Yes No

If so, what other name(s) have you used?

Reason for any name change:

Note: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic citations and arrests or convictions which have been sealed or expunged in answering this question.)

APPLICANT STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

During pre-employment you will be required to pass a drug and alcohol screen and a driver's record investigation. During onboarding you will be required to have a TB test, criminal background check, provide proof of United States citizenship or approval to work in the United States, sign a conflict of interest agreement and abide by its terms.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF NINETY (90) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

Applicant Signature:

Date:

Please return completed application, letters of reference, and transcript to:

**Southwest Counseling Service
Attn: Human Resource Manager
2300 Foothill Blvd
Rock Springs, WY 82901
307-352-6677**