



CROSSROADS COUNSELING CENTER, INC.

EMPLOYMENT APPLICATION

For Clinical/Program Supervisor and Direct Service Positions

CCC is an Equal Opportunity Employer and a drug and alcohol free workplace.

The Age Discrimination in Employment Act of 1967 prohibits employment discrimination against persons 40 years of age or older.

Position Applied for		Date	
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PERSONAL INFORMATION

Name			
	<i>Last</i>	<i>First</i>	<i>Middle</i>
Address <i>(Street, City, State, Zip)</i>			
Preferred Telephone	<input type="checkbox"/> Home <input type="checkbox"/> Cell	No.:	
Email address			
Referred by			

Are you a U.S. citizen? Yes No

If No, are you otherwise authorized to work in the U.S.? (You will be required to provide documentation) Yes No

Have you ever been convicted of a felony? Yes No

Have you ever applied to another CCC Office? Yes - location: _____ No

EDUCATION

	Name and Location of School	Date Graduated	Major	Degree
High School				
College				
Graduate School				
Other				

Other special training, certifications, or associations relevant to this position:

EMPLOYMENT HISTORY

List below your last four employers, starting with the current or last one first. Crossroads Counseling Center, Inc. will need to contact these employers to verify the statements made in regards to clinical experience with relevant populations. You may list any supervised internships, practicum and field experience obtained as part of a college degree program.

Position Title					
Start Date (mm/yyyy)		End Date (mm/yyyy)		Ending salary	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other:			No. of hours per week		

Company Name			
Address			
Supervisor Name (including any credentials)			
Phone		Fax Number	
Do the duties of this position include direct clinical treatment of individuals with a mental health diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Summary of duties and responsibilities (identify population(s) served and relevant clinical experience, if any):			
Reason for leaving			

Position Title			
Start Date (mm/yyyy)		End Date (mm/yyyy)	Ending salary
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other:		No. of hours per week	
Company Name			
Address			
Supervisor Name (including any credentials)			
Phone		Fax Number	
Do the duties of this position include direct clinical treatment of individuals with a mental health diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Summary of duties and responsibilities (identify population(s) served and relevant clinical experience, if any):			
Reason for leaving			

Position Title			
Start Date (mm/yyyy)		End Date (mm/yyyy)	Ending salary
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other:		No. of hours per week	
Company Name			
Address			
Supervisor Name (including any credentials)			
Phone		Fax Number	
Do the duties of this position include direct clinical treatment of individuals with a mental health diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Summary of duties and responsibilities (identify population(s) served and relevant clinical experience, if any):			
Reason for leaving			

Position Title					
Start Date (mm/yyyy)		End Date (mm/yyyy)		Ending salary	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other:			No. of hours per week		
Company Name					
Address					
Supervisor Name (including any credentials)					
Phone			Fax Number		
Do the duties of this position include direct clinical treatment of individuals with a mental health diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Summary of duties and responsibilities (identify population(s) served and relevant clinical experience, if any):					
Reason for leaving					

Requested Salary: _____

Do you have any allergies or other limitations which would prevent you from working in households with pets or other allergenic environments? Yes (list): _____ No

PROFESSIONAL REFERENCES

List below three professional references that have known you at least one year.

Name	Position	Address	Phone

Acknowledgement:

I certify that all information provided by me on this application is true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts is cause for dismissal. I authorize employment and reference checks and verification of all statements contained in this application. I understand that submission of this application is not a guarantee of employment or considered an offer of employment. I understand that employment at this company is "at will" and may be terminated at any time by myself or the company for any reason not prohibited by law, with or without prior notice.

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Interviewed by _____ Date _____

Hired: Yes _____ No _____ Date Hired: _____

REMARKS: _____