



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.

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.			

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.

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:				
Reason for Leaving				

<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	E-mail Address	Telephone Number	Occupation	Years Known

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, and 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, for employment purposes and throughout employment as required by governing entities, 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 further understand that Concord may verify my past employment, education and other information contained within this application. I consent to the release of my previous employment records, education, 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

Print Name

Applicant’s Signature

Date



**EMPLOYMENT/ STUDENT INTERN/VOLUNTEER
DISCLOSURE AND RELEASE FORM**

Criminal Background Check

In connection with my application for Employment/Student Intern/Volunteer or interest in contracting for services with you, I understand that consumer reports which may contain public record information may be requested from INTELLICORP or National Background Check Inc. the Insurance Information Exchange (IIE) or other providers of public record information. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from INTELLICORP and, IIE concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZED, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY INTELLICORP, National Background Check Inc and IIE TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to INTELLICORP, National Background Check Inc, IIE, or other public record sources used, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which INTELLICORP, National Background Check Inc, IIE and other public record information sources, have previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from INTELLICORP, National Background Check Inc, IIE and other public record sources and I agree that such information which INTELLICORP, National Background Check Inc, IIE and other public record sources have or obtain, and my Employment/Student Intern/Volunteer history with you if I am hired, will be supplied by INTELLICORP, National Background Check Inc, IIE and other public record sources, to other companies which subscribe to INTELLICORP and National Background Check Inc services.

I hereby authorize Concord Counseling Services, or its assigns, to procure consumer report(s) for Employment/Student Intern/Volunteer or contract purposes. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my Employment/Student Intern/Volunteer or contract period.

Reference Verification Authorization

"I hereby authorize any of the persons or organizations referenced in this application and/or accompanying resume to give Concord Counseling Services or its agents any and all information concerning my previous Employment/Student Intern/Volunteer, education, or any other information that they may have, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to them. This authorization does not include release, or other prohibited use, of disability and medical related information prohibited in pre-employment inquiries by the Americans with Disabilities Act (ADA). I authorize Concord to request and receive such information unless otherwise indicated in the employment section of this application.

Print Name

Social Security Number

Drivers License Number

Licensed State

Applicant Signature

Date

/_____
Birth Month & Day only

CONCORD COUNSELING SERVICES

700 Brooksedge Blvd
Westerville, Ohio 43081

Equal Employment Opportunity Form

(Please answer all questions in the "Applicant Information" section. Additional information is completely Voluntary.)

Qualified applicants are considered for employment, and employees are treated, during employment, without regard to race, color, religion, sex, national origin, ancestry, age, sexual orientation, or disability.

To help us comply with Federal/State Equal Employment Opportunity record keeping, reporting and other legal requirements, please answer the questions below. Information obtained will not influence the hiring decision.

The pre-employment information form will be kept in a confidential file, separate from the application for employment.

This form is to be utilized for Affirmative Action reporting only.

Applicant Information

Full Name: _____
Last First M.I. Date

Address: _____
Street Address Apartment/Unit #

City State Zip

Home Phone: () _____ Social Security Number: _____

Position Applied For: _____ Referred by: _____

Can you perform the essential functions of the job you applied for?

Yes No If no, explain: _____

Voluntary Information

Racial or Ethnic Group

American Indian/Alaskan Asian/Pacific Islander Black/African-American
 Hispanic/Latino White/Caucasian Other

Gender

Female Male

Military Service

Pre-Vietnam Era Vietnam Era
 Post-Vietnam Era Disabled Veteran

How did you hear about this position?

Newspaper Agency Employee Professional Publication
 Job Fair Placement Office Web Site
 Other: _____

For Human Resource Department Use Only

Position applied for is open: Yes No Date: _____

Notes: _____