

COMMUNITY COUNSELING CENTER
Application For Employment

2801 "C" Court, Ashtabula, OH 44004
PHONE: (440) 998-4210 FAX: (440) 998-6489 WEBSITE: www.cccohio.com

We consider applicants for all positions without regard to gender, race, color, religion, national origin, age, disability status, sexual orientation, pregnancy, marital status, military status, or any protected activity.

PLEASE PRINT

Today's Date: _____

Last Name: _____ First: _____ MI: _____

Address: _____

E-mail address: _____ Telephone Number: _____

Cell Phone Number: _____ Driver's License #: _____

HAVE YOU EVER CHANGED YOUR NAME IN AN EFFORT TO AVOID IDENTIFICATION AS A HEALTHCARE VIOLATOR? Yes No

Position Applied For: _____

Have you ever filled out an application or been employed with us before? Yes No

If Yes, give date _____

Best time to contact you at home: _____

Do any of your friends or relatives work here? Yes No

If Yes, state name and relationship: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

If Yes, please state contact name and telephone number:

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
(Proof of citizenship or immigration status will be required upon employment)

Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Date available for work: _____ Desired salary range? _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND A DRUG FREE WORKPLACE

EDUCATION

<u>School</u>	<u>Name and Location</u>	<u>Course of Study</u>	<u>Years Completed</u>	<u>Diploma / Degree</u>
High School:	_____	_____	_____	_____
Undergraduate College:	_____	_____	_____	_____
Graduate / Professional:	_____	_____	_____	_____
Other (Please specify):	_____	_____	_____	_____

WORK EXPERIENCE

Years of Experience in Position Applied for: _____

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer. Include any job-related military service assignments and volunteer activities.

Employer _____	Telephone _____
Address _____	Employed From (Mo. & Yr.) _____ to _____
Supervisor _____	Hourly Rate / Salary _____
Job Title and Work Performed _____	_____
Reason for Leaving _____	_____

Employer _____	Telephone _____
Address _____	Employed From (Mo. & Yr.) _____ to _____
Supervisor _____	Hourly Rate / Salary _____
Job Title and Work Performed _____	_____
Reason for Leaving _____	_____

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Address _____	Employed From (Mo. & Yr.) _____ to _____
Supervisor _____	Hourly Rate / Salary _____
Job Title and Work Performed _____	_____
Reason for Leaving _____	_____

WORK EXPERIENCE (continued)

Employer _____	Telephone _____
Address _____	Employed From (Mo. & Yr.) _____ to _____
Supervisor _____	Hourly Rate / Salary _____
Job Title and Work Performed _____ _____	
Reason for Leaving _____	

Employer _____	Telephone _____
Address _____	Employed From (Mo. & Yr.) _____ to _____
Supervisor _____	Hourly Rate / Salary _____
Job Title and Work Performed _____ _____	
Reason for Leaving _____	

Describe any internships, specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Additional Information: Summarize special job-related skills and qualifications acquired from employment or other experience.

Professional Organizations and/or Professional Licensure Status/Certifications (past and present, give dates):

Have any of the above professional license(s)/certificate(s) ever been revoked, denied, suspended? Yes No

If Yes, please explain _____

Have you ever been convicted of a crime, including healthcare related crimes? Yes No

Have you had any serious motor vehicle violations? Yes No

If yes, please provide full explanation and indicate resolution of charges:

Have you had any traffic violations in the past three years? Yes No

If Yes, how many? _____

Skills / Equipment Operated:

Computer use and proficiency RATE SKILLS: EXCELLENT ___ GOOD ___ FAIR ___ NOT GOOD ___ ___ Word Processing Software, please specify software used _____ ___ Spreadsheet Software, please specify software used _____ ___ Clinical Software and/or data entry, please specify _____ ___ Typewriter ___ Ten-Key calculator _____ Other: _____ Other languages spoken (aside from English): _____

Professional References (Former employers, supervisors, teachers/professors, professional peers)
DO NOT USE FAMILY MEMBERS MINIMUM OF THREE

NAME	TELEPHONE NUMBER	BEST TIME TO CALL	RELATIONSHIP TO SELF	TITLE / OCCUPATION
1.				
2.				
3.				
4.				
5.				

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given to me. _____YES _____NO

APPLICANT'S STATEMENT

I certify that the information provided in this Application for Employment is true, correct and complete.

I authorize investigation of all statements contained in this Application for Employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause (in combination with any currently effective collective bargaining agreement).

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize all past employers and educational institutions to release the information listed below to **Community Counseling Services**, its employees, representatives, and agents for use in determining my qualifications for employment.

Please release and verify the following information:

Past Employers

Salary history
Dates of employment
Positions held
Responsibilities and duties performed
Reason for leaving
Eligibility for rehire
Performance

Educational Institutions

Years of attendance
Degree obtained
Transcript

In addition to authorizing the release of the information above, I hereby fully waive any rights or claims I have or may have against **Community Counseling Services**, all past employers and educational institutions, and their employees, representatives, and agents and release **Community Counseling Services**, all past employers and educational institutions, and their employees, representatives, and agents from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any information by any person or party, whether such information is favorable or unfavorable to me.

I acknowledge that I have read this authorization and release, fully understand it, and voluntarily agree to its provisions.

Signature

Date

Print Name: _____

**FAIR CREDIT REPORTING ACT
AUTHORIZATION AND RELEASE**

By signing below, I, _____, hereby voluntarily authorize Community Counseling Center to obtain “consumer reports” (background check) about me from a “consumer reporting agency” (Ashtabula County Sheriff’s Department) and to consider the “consumer reports” (background check) when making decisions regarding whether to offer me employment, when deciding whether to continue my employment (if I am hired), and when making other employment related decisions directly affecting me. I further release Community Counseling Center from any claims or liabilities of any kind resulting from its obtaining and using any such consumer reports (background check). I understand that I have rights under the FCRA, including the rights discussed in the Fair Credit Reporting Act Disclosure that Community Counseling Center provided for me in conjunction with this Authorization.

NAME

DATE

Social Security Number (for identification only)