

Changing Phases Behavioral Support, Inc.



3655 Canton Rd Suite 201
Marietta GA 30066
Phone: (678) 903-5197
Fax: (678) 903-5198

APPLICATION FOR EMPLOYMENT

Thank you for considering a position with Changing Phases Behavioral Support. We appreciate the time you are dedicating to the completion of this application. It is important that you fully and accurately complete this application yourself and indicate the position(s) for which you wish to be considered. Please include all your trainings and certifications when submitting in your application.

THIS APPLICATION MUST BE FILLED OUT COMPLETELY; INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED OR REVIEWED.

(Please Print)

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Name _____

Social Security Number _____ - _____ - _____ Driver License Number _____ State/Date Issued _____ / ____ / ____

Home Telephone (____) _____ Cellular Telephone (____) _____ Business Telephone (____) _____

Email Address _____

Home Address _____

City _____ State _____ Zip Code _____

Mailing Address (if different than above) _____

City _____ State _____ Zip Code _____

Please list the cities and corresponding state in which you have lived during the past 7 years:

Have you used any name(s) and/or social security number(s) other than that noted above? Yes No

Please List Other Name(s) Used _____

Please List Other Social Security Number(s) Used _____

Are you at least 18 years old? Yes No

(If under 18 years of age, proof of minimum legal working age will be required if you are hired.)

If hired, can you present evidence of your U.S. citizenship? Yes No
(If not a U.S. citizen, proof of your legal right to live and work in this country will be required if you are hired.)

If hired, would you have a reliable means of transportation to and from work? Yes No

EMPLOYMENT INFORMATION

Position Desired _____

Are you applying for full-time work? Yes No

Are you applying for part-time work? Yes No

Are you available to work evening and weekends? Yes No

Are you available to work overtime, if necessary? Yes No

If hired, on what date can you start work? _____

Salary Desired \$ _____

Have you ever applied to, or worked for Changing Phases Behavioral Support Inc before?

Yes No

If yes, when? _____

Do you have any friends or relatives working for our company? Yes No

If yes, list name(s) and corresponding relationship: _____

Do you have any commitment to another entity or person that might affect your employment with our company? Yes No

If yes, please explain: _____

EDUCATION, TRAINING AND SKILLS

High School: Name _____ City/State _____ Did You Graduate? Yes No

Degree or Diploma Attempted/Earned _____ Years Completed _____

College/University: Name _____ City/State _____ Did You Graduate? Yes No

Degree or Diploma Attempted/Earned _____ Years Completed _____

Graduate School: Name _____ City/State _____ Did You Graduate? Yes No

Vocational School: Name _____ City/State _____ Did You Graduate? Yes No

Degree or Diploma Attempted/Earned _____ Years Completed _____

Please answer the following in regards to your specific skills:

Typing Speed: _____ WPM

Spread Sheet: Yes No

Database Programs: Yes No

Ten Key: Yes No

Graphics: Yes No

Internet Research Skills: Yes No

Shorthand: Yes No

Word Processing: Yes No

Managerial Skills: Yes No

Please list any computer programs and/or internet search engines with which you are familiar:

Please list any foreign languages you speak, read, write, and/or understand:

Please describe any other experience, training, qualifications, and/or skills that make you especially suited to work at our company:

EMPLOYMENT HISTORY

Are you presently employed? Yes No If yes, may we contact your present employer? Yes No

Please provide a complete and accurate account of your employment history by listing all present and previous employers within the last ten years, beginning with your most recent employer. Please note that this section must be completed even if attaching a resume. Please attach any additional pages as needed.

(1) **Company Name** _____ Type of Business _____

Address/City/State/Zip _____ Company Telephone (____) _____ - _____

Supervisor Name/Title _____

Email Address _____ @ _____

Dates of Employment: From _____ to _____ Job Title _____

Please describe your responsibilities: _____

Earnings: Starting \$ _____ Hourly Monthly Yearly Ending \$ _____ Hourly Monthly Yearly

Was your termination voluntary or involuntary? Voluntary Involuntary

Please describe the exact reason for your termination: _____

(2) **Company Name** _____ Type of Business _____

Address/City/State/Zip _____ Company Telephone (____) _____ - _____

Supervisor Name/Title _____

Email Address _____ @ _____

Dates of Employment: From _____ to _____ Job Title _____

Please describe your responsibilities: _____

Earnings: Starting \$ _____ Hourly Monthly Yearly Ending \$ _____ Hourly Monthly Yearly

Was your termination voluntary or involuntary? Voluntary Involuntary

Please describe the exact reason for your termination: _____

(3) **Company Name** _____ Type of Business _____

Address/City/State/Zip _____ Company Telephone (____) _____ - _____

Supervisor Name/Title _____

Email Address _____ @ _____

Dates of Employment: From _____ to _____ Job Title _____

Please describe your responsibilities: _____

Earnings: Starting \$ _____ Hourly Monthly Yearly Ending \$ _____ Hourly Monthly Yearly

Was your termination voluntary or involuntary? Voluntary Involuntary

Please describe the exact reason for your termination: _____

(4) Company Name _____ Type of Business _____

Address/City/State/Zip _____ Company Telephone (____) _____ - _____

Supervisor Name/Title _____

Email Address _____ @ _____

Dates of Employment: From _____ to _____ Job Title _____

Please describe your responsibilities: _____

Earnings: Starting \$ _____ Hourly Monthly Yearly Ending \$ _____ Hourly Monthly Yearly

Was your termination voluntary or involuntary? Voluntary Involuntary

Please describe the exact reason for your termination: _____

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

If yes, please explain: _____

How were you referred to our company? _____

Please describe why you would like to work at Green Light Counseling:

UNEMPLOYMENT HISTORY

Please account for all times of unemployment during the last ten years, after completing school, by listing both the exact period(s) of time and the corresponding reasons for unemployment. Please do not include periods of unemployment of one month or less.

PROFESSIONAL REFERENCES

Please list below three persons not related to you, from either a business or academic setting, who has knowledge of your professional performance abilities within the last three years.

(1)
Reference Name: _____ Relationship _____ Years Known _____
Company/Institution Name: _____ Telephone (____) _____
Mailing address: _____
Email address: _____ @ _____

(2)
Reference Name: _____ Relationship _____ Years Known _____
Company/Institution Name: _____ Telephone (____) _____
Mailing address: _____
Email address: _____ @ _____

(3)
Reference Name: _____ Relationship _____ Years Known _____
Company/Institution Name: _____ Telephone (____) _____
Mailing address: _____
Email address: _____ @ _____

PERSONAL REFERENCE INFORMATION

Please list below 1 person not related to you, that has knowledge of your character, integrity and work ethics.

Reference Name: _____ Relationship _____ Years Known _____
Company/Institution Name: _____ Telephone (____) _____
Mailing address: _____
Email address: _____ @ _____

LICENSE INFORMATION

License/Certificate Name _____ License/Certificate Number _____ State Issued _____

If your license/certificate has ever lapsed, been revoked or suspended, please explain:

MILITARY SERVICE

Branch of Service _____

Dates of Enlistment: From _____ To _____ Rank Attained _____

Are you presently a member in the National Guard or Reserves? Yes No

If yes, list the date your obligation ends _____

Please describe any special skills you have obtained as a result of your service in the military: _____

CRIMINAL HISTORY

Please respond to the following questions in the most complete and accurate manner possible. Do not identify convictions for which the criminal record has been expunged or sealed by the court; or, misdemeanor convictions for which any probation has been completed and the case dismissed by the court. Furthermore, please note that no applicant will be denied employment solely on the grounds that they have been charged, committed, or convicted of (or pleaded guilty or no contest to) a criminal offense; or, solely on an affirmative answer. The nature, date, surrounding circumstances, and relevance of the offense to the position(s) applied for will be considered.

STATE-SPECIFIC REQUIREMENT

- CA** Do not provide information concerning:
(1) Any conviction for which the record has been judicially ordered sealed, expunged or statutorily eradicated; or,
(2) Any misdemeanor conviction for which probation has been completed or discharged and the case has been judicially dismissed; or,
(3) Any marijuana conviction which is more than two years old from the date of this application.
- CT** Per Public Act No. 02-136 you must add the following words in the section which asks about criminal convictions:
“Pursuant to Connecticut Public Act No. 02-136 and specifically Section 31-51i of the general statutes; I understand that I am not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to section 46b-146, 54-76o, or 54-142a; that criminal records subject to erasure pursuant to section 46b-146, 54-76o or 54-142a are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon; and, that any person whose criminal records have been erased pursuant to section 46b-146, 54-76o or 54-142a shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.”
- IL** As of 1/1/2004, Section 12(a) of the Criminal Identification Act requires applications for employment must state: “applicants are not obligated to disclose sealed or expunged records of conviction or arrests”.
- MA** Have you ever been convicted of a felony? Yes No Record If so, when? _____
Within the last five years have you been convicted of or released from incarceration for a misdemeanor, which was not a first offense for drunkenness, simple assault, speeding, a minor traffic violation, an affray or disturbing the peace? Yes No Record

(A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of the crime and your subsequent rehabilitation.) _____
- In Massachusetts, an application for employment with a sealed record on file with the commissioner of probation may answer "No Record" with respect to any inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a sealed record on file with the commissioner of probation may answer "No Record" to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer "No Record" with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.
- NV** Only report those convictions that occurred within the past seven (7) years.
- NH** Only report those convictions that have taken place in the past seven (7) years. Convictions, which have not been annulled, will not necessarily disqualify you from employment
- OR** Do not provide information concerning a juvenile record that has been expunged.
- SD** Have you been convicted of a felony?
- WA** Limit your answer to convictions for which the date of conviction or prison release, whichever is more recent, is within seven (7) years of today's date.

Have you ever, under your name or another name, been convicted of (or pleaded guilty or no contest to) a felony or misdemeanor? Yes No

Have you ever, under your name or another name, been convicted of a crime which resulted in your being in prison and/or jail and released from prison and/or jail or paroled? Yes No

If yes to either question noted above, please fully explain when, where and of what you were convicted and the result of the case(s):

Are you currently under arrest, or released on bond on your own recognizance, pending trial for a criminal offense? Yes No

If yes, state the nature of the crime charged, and when and where the trial is pending:

Have you ever been convicted of driving under the influence (DUI)? Yes No

Do you use alcohol to the extent that it would impair your job performance? Yes No

Have you ever, under your name or another name, been convicted of any sex related or child abuse related offenses? Yes No

Are you able to perform the essential functions of the job you are applying for (with or without reasonable accommodation)? Yes No

If no, describe the functions that cannot be performed: _____

Thank you for completing this section of the application, please continue and complete pages 8-10 to complete the employment application.

Our company is an equal opportunity employer. It is the policy of this company to consider all applications on the basis of merit without regard to race, color, religion, sex, pregnancy, age, national origin, ancestry, marital status, veteran status, disability, medical condition, sexual orientation, or any other protected characteristic.

Furthermore, we comply with the ADA and provide reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.

AUTHORIZATION

Please read the following carefully, being sure to initial each paragraph, sign and print your name, and date once completed.

CONFIRMATION OF HONEST AND ACCURATE COMPLETION

By my signature and initials placed below, I state that I have personally completed this application. I declare under penalty of perjury that the information provided in this employment application (and the accompanying resume, if applicable) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I understand that any job offer is conditional, based on the satisfactory review of my qualifications including any and all background or drug screening which may be required.

Initials _____

DRUG SCREENING

I understand that Changing Phases Behavioral Support, Inc. ("the Company") reserves the right to require its employees to submit to urinalysis for purposes of screening for the use of illegal narcotics. I understand that refusal to submit to a urinalysis, when requested to do so, may result in termination of my employment. I also understand that, once a conditional offer of employment has been made, I may be requested to submit to a urinalysis.

Initials _____

OTHER EMPLOYMENT AND/OR ACTIVITIES

I understand that, if hired, I may not hold other employment or engage in other activities that create a conflict of interest with my position with the Company, unless I have been given permission in writing by the Company.

Initials _____

AUTHORIZATION TO OBTAIN INFORMATION

I voluntarily and knowingly authorize any present or past employer or supervisor, educational institution, administrator, law enforcement agency, state, local, or federal agency, credit bureau, collection agency, private business, military branch or the national personnel records center, personal reference, and/or any other persons to give records or information they may have concerning my criminal history, motor vehicle history, educational history, license history, employment history (including character, earnings, and reasons for termination), or any other information requested by the Company deemed pertinent to my employment.

Initials _____

RELEASE

I voluntarily waive all recourse, and release any company, individual or organization from liability for complying with any request from the Company or agents of the Company (including any consumer reporting agency) to obtain any information from any source whatsoever relating to my application for employment. I further release the Company or any individual within the Company regarding the use of any information received which may have bearing on my application for employment.

Initials _____

NOTIFICATION AND COMPLIANCE

I agree to immediately notify the Company if I should be convicted of a crime while my application is pending or during my employment, if hired. If I become employed, in consideration of my employment, I agree to comply with the rules, regulations, policies and procedures of the Company.

Initials _____

AGREEMENT FOR AT-WILL EMPLOYMENT

I understand and agree that nothing contained in this application, or conveyed during any interview which may be granted, or during my employment if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment will be at-will, for no definite or determinable period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time, for any reason or for no reason at all, with or without prior notice, at the option of the Company or me. I understand and agree that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and an authorized officer of the Company. I promise that I have not relied, and will not rely, on any oral or written statements to the contrary. I understand and agree that this is the entire agreement between me and the Company regarding the term of my employment and replaces any other oral or written agreement or understanding.

Initials _____

I certify that all of the information provided on this application is true and accurate.

Signature _____

Print Name _____

Date _____

**VOLUNTARY SELF-IDENTIFICATION
(CONFIDENTIAL-FOR STATISTICAL USE ONLY)**

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state, or local law. The information below will be used only in the compilation of data for Affirmative Action reporting.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Identification can be declared at any time prior to, or if applicable, after hire. Please return this page with your application.

PLEASE COMPLETE IN FULL:

Date: _____ Position Applied For: _____

Name: _____ Social Security # _____

Sex: (Circle appropriate response) Male Female

Date of Birth: _____

Applicant's Zip Code: _____

ETHNIC GROUP:

(Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

_____ BLACK: Not of Hispanic origin.

_____ HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central, South American, or other Spanish culture or origin.

_____ ASIAN or PACIFIC ISLANDER: All persons having origins in any of the original people of the Far East, Southeast Asia, the Indian Subcontinent of the Pacific Islands.

_____ AMERICAN INDIAN or ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

_____ WHITE: Not of Hispanic origin.

VETERAN STATUS:

(Please check one if it describes your veteran status.)

_____ SPECIAL DISABLED VETERAN: Means (A) a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veteran Affairs for a disability rated at 10 or 20 percent in the case of a veteran who has been determined to have a serious employment disability or (B) a person who was discharged or released from active duty because of a service-connected disability.

_____ VIETNAM ERA VETERAN: Means a veteran, any part of whose active military, naval, or air service was during the period of August 5, 1964 through May 7, 1975 who (1) served on active duty for a period of more than 180 days and was discharged or released there from with other than a dishonorable discharge, or (2) was discharged or released from active duty because of a service-connected disability. No veteran can be considered to be a veteran of the Vietnam era under this paragraph after Dec. 31, 1994.

What to expect next:

Once your completed application is received we will conduct an evaluation of your qualifications, only the most highly qualified candidates will be referred to the hiring manager for further consideration and a possible interview. Thank you.

EMPLOYMENT APPLICATION