

Application for Employment

Please read the following before completing the application. Applicants are considered regardless of race, color, religion, sex, national origin, age or disability. All questions must be answered. You may include your resume. However, **RESUMES WILL NOT BE ACCEPTED AS A SUBSTITUTE FOR APPLICATIONS**.

| Please print in blue or bla | ck ink. | Date of Application: | | | |
|-----------------------------|---------------|----------------------|-------------------------|--|--|
| Last Name | Fir | st Name | Middle Name | | |
| Address | | | | | |
| City | St | ate | Zip Code | | |
| Telephone Number: (Hom | e) | | Cell | | |
| Social Security Number_ | | | Date of Birth | | |
| Type of Employment Req | uested: | | | | |
| Full-time Part-time | Intern | Contract Co | unselor | | |
| Position(s) Applied for: _ | | | | | |
| | | | Hourly Monthly Annually | | |
| How did you learn about | Her Well Cent | er, Inc? Pleas | se circle your answer: | | |
| Advertisement | Friend | Walk-In | Social Media | | |
| Employment Agency | Relative | Other | | | |

| Please list any other names used: |
|---|
| If you are under 18 years of age, can you provide proof of your eligibility to work? |
| YesNo |
| Have you previously filed an application with Her Well Center, Inc? |
| YesNo |
| Date: Position Requested: |
| Have you previously been employed with Her Well Center, Inc? |
| YesNo |
| Date: Position Held: |
| |
| Certain positions with the company require us to drive an agency vehicle or use your vehicle for agency business. |
| Are you licensed to operate a motor vehicle?YesNo |
| State: Class: License Number: |
| Expiration Date: |
| If No, can you obtain one?YesNo |
| Do you have regular access to a car or other motorized vehicle?YesNo |
| Do you or can you get liability insurance such a vehicle?YesNo |
| Are you a U.S. Citizen or otherwise authorized to work?YesNo (Proof of citizenship or work authorization will be required upon employment.) |
| Have you ever been convicted of an offense? Please include driving while intoxicated or driving under the influence of drugs but exclude minor traffic violationsYesNo (Conviction will not necessarily disqualify an applicant from employment.) |
| If yes, please explain |
| |

| Special qualifications and skills: Please use this space to detail any relevant experience, skills, licenses, or certifications that qualify you for the position you are seeking. Be prepared to provide proof of these qualifications during the interview. |
|---|
| What software, if any, can you use, and what is your proficiency level? |
| Her Well is a faith-based crisis center founded on Christian principles, including belief in the Trinity (God the Father, God the Son, and God the Holy Spirit) and Jesus as the Great Healer. How do your personal beliefs or spiritual views align with the mission and values of our organization? |
| |
| |

| EDUCATION | Institution Name/Address | Course of Study | Years Completed | Diploma/Degree |
|-----------------------|-----------------------------|-----------------|--------------------|----------------|
| ELEMENTARY SCHOOL | | | | |
| HIGH SCHOOL | | | | |
| UNDERGRADUATE COLLEGE | | | | |

| GRADUATE, PROFESSIONAL, OTHER | | | | |
|--|-------|------|-------|--|
| INDICATE any foreign languages you can speak, read, and/or write. | Speak | Read | Write | |

In this position, you must be proficient in writing and editing. Please edit the following sentences for grammar, punctuation, and clarity. Provide the corrected versions below each original sentence. (Contract Counselor Position, feel free to skip this application portion.)

- 1. The patient was asked to described her symptoms in detail but she was unable to recall exactly when they started.
- 2. In order to ensure that everyones needs are met, it's crucial to have regular communication and to keep updated records.
- 3. Crisis Center professionals requires a diverse set of skills including empathy, strong communication abilities, and being able to think critically.
- 4. Their going to update there records to ensure they're all accurate by the end of the month.

| 5. There is many reasons why a person might struggle with mental health issues, some of which include, trauma, genetics, and environment. |
|---|
| She has worked in the industry for over five years and during that time developed a number of innovative treatment approaches. |
| 7. The team completed they're report ahead of schedule, but there supervisor asked them to review it for their final feedback. |
| |
| EMPLOYMENT HISTORY |
| List previous employment beginning with your present or most recent employer. Show all dates of unemployment. Include any military service, self-employment, and unpaid work experience. Include additional sheets, if necessary. NOTE: Even if a resume is attached, the information listed under "Employment History" must be filled out in its entirety. |

| Company Name: | Dates Employed: From To | Duties Performed: |
|--------------------------|----------------------------|-------------------|
| Address: | Telephone: | |
| Supervisor's Name/Title: | Telephone: | |

| Your Job Title: | | |
|--------------------------------------|----------------|--|
| Beginning Salary: | Ending Salary: | |
| Reason for Leaving: | | |
| May we contact this employer? Yes No | | |
| | | |

| Company Name: | Dates Employed: From To | Duties Performed: |
|--------------------------------------|----------------------------|-------------------|
| Address: | Telephone: | |
| Supervisor's Name/Title: | Telephone: | |
| Your Job Title: | | |
| Beginning Salary: | Ending Salary: | |
| Reason for Leaving: | | |
| May we contact this employer? Yes No |) | |

| Company Name: | Dates Employed: From To | Duties Performed: |
|---------------|----------------------------|-------------------|
| Address: | Telephone: | |

| Supervisor's Name/Title: | Telephone: |
|--------------------------------------|----------------|
| Your Job Title: | |
| Beginning Salary: | Ending Salary: |
| Reason for Leaving: | |
| | |
| May we contact this employer? Yes No |) |

REFERENCES

List three persons other than relatives who have definite knowledge of your qualifications.

| Full Name | Home or Business Address | Phone Number | Business or Occupation | Years Acquainted |
|-----------|-----------------------------|-----------------|---------------------------|---------------------|
| | | | | |
| | | | | |
| | | | | |

I hereby certify that I have read and fully completed this application and that the facts set forth in this employment application (and accompanying resume, if any) are true and correct to the best of my knowledge, and I agree and understand that any misrepresentation or falsification of information or omission of information during the employment application process may disqualify me from further consideration for employment and, if employed, will subject me to dismissal.

I understand that in connection with my application for employment a criminal background check will be performed. I agree and consent to that background check. I further agree and understand that if employed, Her Well Center, Inc will continue to perform an annual criminal background check. I also understand that if offered employment by Her Well Center, Inc, I may be required to pass a drug test as a condition of employment.

I acknowledge that Her Well Center, Inc reserves the right to modify or amend its policies at any time, without prior notice. These policies do not create any promises or contractual obligations between Her Well Center, Inc and its employees. My employment is at-will, which means I am free to terminate my employment at any time, for any reason, with or without cause, and Her Well Center, Inc retains the same rights. I also understand this position is significantly funded by grants. If funding is lost or realigned in any area of the agency this position could be changed or eliminated.

AUTHORIZATION TO RELEASE INFORMATION: I authorize the references and/or employers listed on this application to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing such information to you. I agree and understand that Her Well Center, Inc and its agents may investigate or seek information concerning my background and/or previous employment, whether of record or not.

APPLICATIONS WILL NOT BE CONSIDERED UNLESS SIGNED & DATED AND ALL QUESTIONS ARE ANSWERED.

| APPLICANT'S SIGNATURE: | |
|------------------------|--|
| | |
| DATE: | |