

# BLUE RIDGE COUNSELING CENTER

## Job Application

\_\_\_\_\_

*We are an Equal Employment Opportunity Employer and do not discriminate in our employment or hiring practices. All qualified applicants will receive consideration without regard to race, color religion, nation of origin, age, disability, gender, sexual orientation, or any other protected status*

\_\_\_\_\_

(Please Print)

Today's Date:

\_\_\_\_\_  
Name: \_\_\_\_\_

First

Middle

Last

Madden

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Driver's Lic. No. \_\_\_\_\_

Email: \_\_\_\_\_ Desired Salary Range: \_\_\_\_\_

Position applied for (1) \_\_\_\_\_

Days available to work:

\_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thur \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun

Employment Desired: \_\_\_ Full Time \_\_\_ Part Time \_\_\_ As Needed

When are you available to begin work? \_\_\_\_\_

EDUCATION      Name                      Address                      Degree Earned

High School \_\_\_\_\_

College \_\_\_\_\_

Professional School \_\_\_\_\_

Other \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_ No \_\_\_ Yes If yes, explain number of conviction(s) nature of offense(s) leading to conviction(s) was/ were committed, sentences(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

**EMPLOYMENT HISTORY** (Complete even if attaching a Resume')

Company	Job Title	Phone	Address	Supervisor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**REFERENCES** (Please List 3)

Name	Address	Phone Number
_____	_____	_____
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

**LICENSURE INFORMATION:**

Current Licensure \_\_\_\_\_

Lic Number \_\_\_\_\_

Date Issued \_\_\_\_\_

Has there ever been any disciplinary action taken toward your professional License/Certification? Yes No

If Yes, please explain:

**Applicant Agreement**

I certify that my answers are true and complete to the best of my knowledge and that I have not knowingly withheld any facts or circumstances. I understand that if employed, false statements on this application may result in my immediate termination or effectively end further consideration of my candidacy if not employed. I further understand that no supervisor or representative of Blue Ridge Counseling Center is authorized to make any assurances contrary to employment being at will and that no implied oral or written agreement are valid unless they are in writing and signed by the agency's Executive Director.

I authorize, Blue Ridge Counseling Center, its representatives, employees, or agents to contact and obtain information form all references, employers, public agencies, licensing authorities and educational institutions to verify the accuracy of the information I have provided in this application.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Please print and fax to 207 520-2373 or email to [SharonN@BlueRidgeCounselingCenter.org](mailto:SharonN@BlueRidgeCounselingCenter.org)

Or Mail to Blue Ridge Counseling Center, 32 Main Street, Livermore Falls, ME 04254