

Family Counseling Service
3833 S. Staples, Suite S203
Corpus Christi, TX 78411
Phone: (361) 852-9665
Fax: (361) 852-2794

Application for Employment, Internship, Volunteers

We welcome and appreciate your interest in employment, internship, volunteering with Family Counseling Service. We are an equal opportunity employer. No question on this application is intended to secure information for discriminatory purposes.

Applicants are required to submit accurate, complete, and truthful information in response to questions on this application, on a resume, and other information provided, and to provide supplemental written information where necessary to accurately and completely respond to questions. For employment your employment history will be checked for a minimum of two previous employers, or for the past ten years, whichever is greater.

This form is part of the examination process. Before completing the application, consider the essential functions with or without reasonable accommodation and minimum qualifications for the specific job for which you are applying. You must meet the minimum qualifications of the position to be considered.

FAMILY COUNSELING SERVICE reserves the right to disqualify any application which is incomplete. This application may be completed at your convenience. All applicants are required to complete an application form prior to interviewing for a position.

Please print or type

Position Applied For _____ Today's Date: _____

Last Name _____ First Name _____ Middle Initial _____

Have you ever used another name for work, school, or other purpose? _____ Yes _____ No. If yes, provide:

Last Name _____ First Name _____ Middle Initial _____

Last Name _____ First Name _____ Middle Initial _____

Answer all questions completely and accurately. Notify us promptly of any change of address and/or telephone number.

Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Telephone _____ Alternate Telephone _____

EDUCATION HISTORY (Submit copy of transcript or diploma for highest level of education obtained with this application.)

EDUCATION	Name & Location	Trade School or College Sem. Hrs.	Degree Received Yes/No	Subjects Studied
High School				
College				
Trade or Business School				

Current Licenses/Certifications/Registrations:
Submit a copy of the required certification with this application.

Type _____ Number _____

Agency/State Issuing _____ Expiration Date _____

Type _____ Number _____

Agency/State Issuing _____ Expiration Date _____

Has your license/certification been denied, revoked, suspended, or subject to discipline by the licensing and/or professional authority?

_____ Yes _____ No If yes, provide details on separate sheet.

I understand and agree that if I am employed, my employment will be for an indefinite period of time. I have received no promises or guarantees as to how long Family Counseling Service will employ me. I understand and agree that I can quit at any time for any reason and that my employment may be terminated at any time for any reason. I further understand and agree that this employment at-will relationship cannot be altered or changed except by an express, written document signed by myself and the Executive Director.

Please answer yes or no to the following questions and attach additional sheets as needed or directed.

1. Have you been dismissed or asked to resign from any job whether or not listed on this application for reasons not listed previously? _____ Yes _____ No
 If yes, state name and address of employer and explain the circumstances.

2. Have you used illegal drugs in the last six months? _____ Yes _____ No

3. **Conviction Record:** Failure to answer the following question will disqualify you from further consideration of your application. Have you ever been **CONVICTED** of, plead guilty to, or no contest to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offense (misdemeanors and/or felonies), in adult court? _____ Yes _____ No
 If Yes, complete Application Attachment II in detail. A conviction will not automatically exclude you from consideration. The nature, seriousness, number of offenses, length of time since offenses, your work record with other employers after the offenses, and the nature of the position shall be considered.

FAMILY COUNSELING SERVICE APPLICATION ATTACHMENT II

Failure to fully complete this form shall result in your disqualification in the applicant process, or if hired, termination.

The information sought on this form will be used solely for the purpose of assisting Family Counseling Service in conducting a criminal history check. More information on request will disqualify you from further consideration for employment. Please complete this section if you have ever been convicted of, plead guilty to, no contest to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offense (misdemeanor and/or felony) in Adult Court. Your number of offenses, length of time since offenses, your work record with other employers after the offenses, and the nature of the position for which you are applying shall be considered. You may omit minor traffic violations for which you paid a fine of \$100 or less.

Name: _____ SS# _____

Criminal Offense: _____

Date of Offense: _____

Location: _____ State: _____

(Check one or more which apply)

Sentence: Probation, deferred adjudication or other form of pre-trial diversion
 Jail Fine \$ _____ Amount
 Other

Explain:

Reporting Requirements:

Parole/Probation Officer: Name: _____

 Address: _____

 Telephone: _____

If on Probation, ending date: _____

FOR EMPLOYMENT ONLY:

EMPLOYMENT HISTORY - List all employment for the past 10 years or for your last 2 employers, whichever is greater. Begin with your present position and work back. Explain any gaps in employment. Attach additional sheets as needed.

From ___ / ___ / ___ To ___ / ___ / ___ Job Title _____

Employer: _____

Address: _____

Supervisor Name: _____

Supervisor Phone: _____

Job Duties: _____

Reason for leaving: _____

Salary: _____

From ___ / ___ / ___ To ___ / ___ / ___ Job Title _____

Employer: _____

Address: _____

Supervisor Name: _____

Supervisor Phone: _____

Job Duties: _____

Reason for leaving: _____

Salary: _____

From ___ / ___ / ___ To ___ / ___ / ___ Job Title _____

Employer: _____

Address: _____

Supervisor Name: _____

Supervisor Phone: _____

Job Duties: _____

Reason for leaving: _____

Salary: _____

RELEASE AND AUTHORIZATION

READ CAREFULLY BEFORE SIGNING

I certify that I have made no willful misrepresentation in this application, my resume and any other documents submitted by me, nor have I withheld information in my statements and answers to questions, and I confirm that the information provided on this application and any other documents I have submitted is true, correct, and complete. I am aware that the information given by me in my application may be investigated, I agree to provide supplemental information if requested by Family Counseling Service's designee. I further understand that falsification or omission of information is grounds for rejection of this application and, should I be employed, may be grounds for dismissal. I further understand that this application, resume, and any other documents attached become the property of Family Counseling Service and will not be returned. I understand and voluntarily authorize and request, without reservation, any party or agency contacted by Family Counseling Service including present and prior employers to furnish requested information to support my application as stated on the attached Pre-Employment Inquiry Release Form.

Signature _____ Date _____

PRE - EMPLOYMENT INQUIRY RELEASE

I understand that Family Counseling Service or its agents will conduct an investigation of my background, including but not limited to my qualifications, prior and present employment record and suitability for employment. I confirm that the information provided on this release and in my application, resume, and any other information submitted by me is true, correct, and complete, I authorize Family Counseling Service to conduct an investigation to confirm the information provided by me on this release form, my employment application and in other documents I have provided, such as a resume or information provided during my interview. I consent for individuals and organizations to provide accurate and complete responses to Family Counseling Service's investigation.

I voluntarily authorize and request, without reservation, any party or agency contacted by Family Counseling Service to furnish requested information as described below. I hereby release and discharge Family Counseling Service and its agents from all claims, demands, actions, liabilities, and damages of whatever kind related to the investigation of my background and suitability for employment. I further release and discharge all individuals, organizations, and their agents from all claims, demands, actions, liabilities, and damages of whatever kind for providing and/or confirming information about me in response to Family Counseling Service's investigation which may include, but is not limited to, the following requested information:

a statement of the reason for the termination of my employment, eligibility for rehire, work performance and habits, abilities, and other qualities pertinent to my qualification for employment with Family Counseling Service, which may include verification of education, general reputation, criminal record, child abuse/neglect record, sex offender record, driving record and licenses, other job-related certifications or licenses, and credit or investigative consumer report if required of the position. I understand that information obtained will be used for employment purposes only and in accordance with any pertinent laws.

I understand that should I refuse to sign this release form, I will be disqualified from consideration for employment in the position I have applied for with Family Counseling Service.

I understand that should I be offered employment with Family Counseling Service, this release with remain in effect for the duration of my employment.

Print Full Name: _____

Current Address: _____

City/State/Zip Code: _____

Date of Birth: _____ **Last 4 of social security #** _____

Applicant's Signature: _____ **Today's Date:** _____

Agency:

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