



EMPLOYMENT APPLICATION

PERSONAL INFORMATION:			
First Name	Last Name	M.I.	Contact Phone #
Address	City	State	Zip Code
Email Address	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Best way to contact <input type="checkbox"/> Email <input type="checkbox"/> Phone Call
Are you legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been employed by Focus Counseling in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, when:	
Do you know anyone who works for Focus Counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, whom:	
How did you hear about the position opening you are applying for? <input type="checkbox"/> Job Ad <input type="checkbox"/> Focus Website <input type="checkbox"/> Friend =			
If selected for employment are you willing to submit to a background check? <input type="checkbox"/> Yes <input type="checkbox"/> No			

POSITION AVAILABILITY:			
Position applying for		Available Start Date	
Type of Employment desired:		Shifts desired:	
Full-time: <input type="checkbox"/>	Temporary: <input type="checkbox"/>	Days: <input type="checkbox"/>	PMs <input type="checkbox"/>
Part-time: <input type="checkbox"/>	Internship: <input type="checkbox"/>	NOCs: <input type="checkbox"/>	Weekends: <input type="checkbox"/> (Fri – Mon)
PT hours desired: <input type="checkbox"/> < 20 or <input type="checkbox"/> 20-30 Per week		Are you available on <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays	
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? (Review Position Description for list of general duties and expectations.) <input type="checkbox"/> Yes <input type="checkbox"/> No			

EDUCATION			
	Name & Location	Diploma/Degree	Major/Subject of Study
High School			
Technical School			
College or University			
Postgraduate School			
Other Education			
Licenses, Certifications or Credential(s) applicable to the position being applied for:			Expiration date:

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EMPLOYMENT HISTORY			
Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. <i>Incomplete information could disqualify you from further consideration.</i>			
Name of Most Recent/Current Employer:	City, State	From (date):	To (date):
Position Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Name:	
Description of Duties:			
Reason for Leaving:			
Name of Employer #2:	City, State	From (date):	To (date):
Position Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Name:	
Description of Duties:			
Reason for Leaving:			
Name of Employer #3:	City, State	From (date):	To (date):
Position Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Name:	
Description of Duties:			
Reason for Leaving:			
REFERENCES:			
Give the names of three persons not related to you, whom you have known at least three (3) years.			
Name:	Email Address:	Relationship:	Yrs. Acquainted:

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ACKNOWLEDGEMENT AND AUTHORIZATION:

FOCUS COUNSELING is an equal opportunity employer. FOCUS COUNSELING does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for FOCUS COUNSELING to hire me. If I am hired, I understand that either FOCUS COUNSELING or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of FOCUS COUNSELING has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to FOCUS COUNSELING true and complete information on this application. No requested information has been concealed. I authorize FOCUS COUNSELING to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

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Candidate's Signature	Date
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THIS APPLICATION IS VALID FOR SIXTY (60) DAYS FROM THE DATE SIGNED / DATED ABOVE