

Good Neighbor Counseling Services, Inc.

Employment Application

Good Neighbor Community Services, Inc. is an Equal Opportunity Employer and does not discriminate because of race, color, age, sex, religion, national origin, disability, veteran's status, marital status, or other status protected by law. It is the policy of Good Neighbor Community Services to recruit, hire, promote for all job classifications on the basis of merit, qualifications and competence. This applies to all categories of employment.

POSITION

Date _____ Company Applying For (please check): IHH CSS Outpatient Services
 Supervisor Counselor/Case Manager/Clinician Date Of Hire ___/___/___
Years of Related Experience _____ Date Available _____

PERSONAL

Last Name _____ First _____ Middle _____
Address _____ City _____
State _____ Zip _____ Telephone _____
Alternate Telephone _____ Emergency Number _____

Are you currently involved in any form of drug or alcohol abuse? Yes No DOB ___/___/___
If yes, please describe _____

Is there any reason you would be unable to perform all of the physical duties of the position of which you have applied?
 Yes No
If yes, please describe _____

Have you ever been discharged or asked to resign by an employer? Yes No
If yes, please explain reason(s) _____

Are there foreign languages you can interpret or translate? Yes No Please List _____

Are you lawfully authorized to work in the United States? Yes No

Have you ever committed, been convicted of, plead guilty to, or plead nolo contendere to a felony or a misdemeanor (excluding traffic violations) in Virginia or outside of the jurisdiction of Virginia? Yes No
If yes, please describe _____

Are you involved in any pending or future malpractice claims? Yes No
If yes, please describe _____

Good Neighbor Counseling Services, Inc.

PERSONAL/PROFESSIONAL/TECHNICAL REFERENCES

Name	Address	Business or Position	(Area Code) Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

Name	City	State	Major Course (Subject)	Last Level Completed	Degree
High School or Preparatory	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Graduate Work	_____	_____	_____	_____	_____
Business School or Technical School	_____	_____	_____	_____	_____

Training and Certificate Information

_____	_____
CPR and First Aid Date	Expiration Date
_____	_____
Medication Management	Expiration Date
_____	_____
Behavioral Intervention ex. (TOVA)	Expiration Date
_____	_____

EMPLOYMENT HISTORY (Mental Health/Health Care related experience)

_____	(____)		
Employer Name	Telephone		
_____	_____		
Address	City	State	ZIP
_____	_____	_____	_____
Position Held	Start Salary	Ending Salary	
_____	_____	_____	
Nature of Duties	_____		
_____	_____		
_____	_____		
May we contact this employer for a reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving	_____		
_____	_____		
Immediate Supervisor	Telephone	Employed from	

_____	(____)		
Employer Name	Telephone		
_____	_____		
Address	City	State	ZIP
_____	_____	_____	_____
Position Held	Start Salary	Ending Salary	
_____	_____	_____	
Nature of Duties	_____		
_____	_____		
_____	_____		
May we contact this employer for a reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving	_____		
_____	_____		
Immediate Supervisor	Telephone	Employed from	

Good Neighbor Counseling Services, Inc.

READ CAREFULLY

In the event my application is accepted for consideration, I authorize an investigation of all statements contained in this application. I also hereby release any and all persons, companies, or agencies responding to such investigation from any damage due to releasing any information they have regarding me, whether or not it is in their records, pertaining hereto. I understand that all reference information provided will be kept confidential.

I understand successful completion of the matters set forth above is a prerequisite to employment or continued employment. I swear and affirm that the information contained in this application is true and accurate. I further understand that misrepresentation of facts asked for on this application will generally result in my application not being further considered by Good Neighbor Community Services and / or will generally result in dismissal from employment no matter when discovered.

I understand that nothing contained in this employment application is intended to create an employment contract between me and Good Neighbor Community Services. If at some point an employment relationship is established, I also understand that my employment status will be at will, which means that my employment may be terminated by me or Good Neighbor Community Services at any time, for any reason. If I am employed, I agree to comply with all of the rules and regulation of Good Neighbor Community Services, Inc.

Are you currently under a physician's care or currently taking any medication? Yes No

Do you understand that due to your occupational exposure to blood or other potentially infectious material, you may be at risk of acquiring Hepatitis-B Virus (HBV) infection and that Good Neighbor Community Services recommends that you should consider being vaccinated before beginning employment? Yes No

I have received my copy of the Good Neighbor Community Services Handbook and agree to read it and keep it for reference. I understand that this booklet is intended as a guide for personnel policies and benefits, and general information, and that it is not intended to be an inclusive, not a contract for employment.

I further understand that management reserves the right to make changes in these guidelines or in their application as deemed necessary and / or appropriate. I understand that these changes can be made without notice to employee.

I understand I may receive disciplinary action up to and including termination for violating policies and / or procedures contained in this handbook.

EMPLOYEE SIGNATURE

DATE