

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 _____

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.

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 _____