ALONG THE PATH COUNSELING SERVICES, P.C.

EMPLOYMENT APPLICATION

Today's Date:	Position	ı:		
Name: First			•	
First	Middle		Last	
Address:				
City:	State: _		Zip Code:	
Mobile Phone:	Home P	Phone:		
Other Phone:	Other P	hone:		
E-Mail Address:				
When are you able to start?				
Are you legally eligible to work in the U		No		
Have you been convicted of a felony in	the past 5 years?	Yes	No	
Have you worked for this company in	the past? Yes	No	Details:	
Employment History. Please enter last gaps in employment under "Additional Current or Most Recent Position Title:	d Information" loca	ted at the	e end of application.	•
Current of Most Recent 1 ostilon Title.				
Responsibilities:				
Employer:		From:	To:	
Employer Address:				
Supervisor:	P	Phone: _		
May we contact this employer?	Yes			
Reason for Leaving:				
Previous Position Title:				

Responsibilities:					
Employer:			From:	To:	
Employer Address:					
Supervisor:			Phone:		
May we contact this employer?	□ Yes	□ No			
Reason for Leaving:					
***** Other Position Title:					
Responsibilities:					
Employer:			From:	To:	
Employer Address:					
Supervisor:			Phone:		
May we contact this employer?	□ Yes	□ No			
Reason for Leaving:					
***** Other Position Title:					
Responsibilities:					
Employer:			From:	To:	
Employer Address:					
Supervisor:			Phone:		
May we contact this employer?	☐ Yes	□ No			
Reason for Leaving:					

Educational Background

Highest Degree Earned: _		School:				
Major(s):		_ Minor(s):				
Dates Attended: From:		To:				
Degree Earned:		_ School:				
Major(s):		_ Minor(s):				
Dates Attended: From:		To:				
Degree Earned:		_ School:				
Major(s):		_ Minor(s):				
Dates Attended: From:		To:				
		ber: Is this license current? \(\backsquare \text{Yes} \text{No} \)				
License:	Num	ıber:				
		Is this license current? □ Yes □ No				
List any certifications, as w	vell as date received:					
Certification:	Number:	Date Received:				
Certification:	Number:	Date Received:				
Other work-related training	g, as well as date receiv	ved:				

Current Malpractice Insurance:

Company:		Policy Number:
Date Issued:	Covera	ge (individual/aggregate):
Any claims filed?	□ Yes □ No	If yes, please explain below
Additional Informatio	on:	
employment application	n is accurate and	n listed above. I certify that the information contained in this truthful. I understand that providing false information on this tring me employment or for the termination of my employment at
Signature of Applican	t:	Date: