

Application must be completed in full, please include resume and other appropriate materials with this form. Please download, then type all responses on this PDF Form.

When completed filling out form, email to employment@lifewaycenters.com or mail to:

LifeWay Counseling Centers
11161 Kenwood Rd
Cincinnati, OH 45242

Application for Employment

We are a client-centered and Christian community of health professionals inviting others to explore and develop the courage, insight and wisdom needed to live a spiritually, physically and emotionally fulfilled life. Welcoming clients of all beliefs and faiths, our therapists help each person reach their desired goals and potential.

(Important: Application must be completed IN FULL, please attach a resume)

PLEASE PRINT CLEARLY

PERSONAL

Name: _____ Date: _____

Address: _____ SS#: _____

City: _____ State: _____ Zip Code: _____

Phone(s): _____ (HM) _____ (WK) _____ (Cell)

E-mail: _____ Position desired? _____

How did you learn about LifeWay and this opening:

Can you perform the essential functions of the position for which you are applying? YES NO

If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

When would you be available to begin work? _____

Are you legally authorized to work in the United States? YES NO

(Proof of identity and eligibility will be required upon employment)

Are you at least 18 years of age? YES NO (If no, you may be required to provide authorization to work.)

Have you been convicted of a felony or a misdemeanor within the last seven years? YES NO (A conviction will not necessarily result in the denial of employment.)

If yes, please explain: _____

Have you ever done any volunteer work? YES NO If yes, describe: *(You may omit any volunteer work which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities)*

Are you available to work: FULL TIME PART TIME (DAYS NIGHTS WEEKENDS)

Days and Hours Available: _____

Are you presently employed? YES NO

If yes, may we contact your employer? YES NO

Are you under any Employment Contract or Agreement with your current employer? NO YES Explain:

If presently employed, why are you considering leaving?

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying?

YES NO

If yes, please explain and list offices held: *(You may omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)*

EDUCATION

	Name and Location of School	Course of Study	Number of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				

Do you hold any Professional Licensures or Certificates? NO YES License Type: _____
State: _____ Lic. Number: _____ How Long? _____
NPI # _____ Are you credentialed through CAQH? NO YES Enter CAQH #: _____

List Insurance networks in which you are currently credentialed:

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? YES NO

If yes, please describe:

List academic honors, extracurricular activities, offices held, etc. in high school or college: *(Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)*

EMPLOYMENT

(Start with your present or most recent position)

1 Name of Employer		Telephone Number	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year		
Describe the Work Performed:			
Reason for Leaving:			
2 Name of Employer		Telephone Number	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed: From (Month/Day/Year)	To (Month/Day/Year)		
Describe the Work Performed:			
Reason for Leaving:			
3 Name of Employer		Telephone Number	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year		
Describe the Work Performed:			
Reason for Leaving:			

Use and additional sheet of paper if more space is necessary.

PERSONAL REFERENCES

Give three individuals (not relatives or employers)

1 Name and Relationship	Occupation
Full Address (Including Street, City, State & Zip)	Telephone Number
2 Name and Relationship	Occupation
Full Address (Including Street, City, State & Zip)	Telephone Number
3 Name and Relationship	Occupation
Full Address (Including Street, City, State & Zip)	Telephone Number

IMPORTANT, PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

If hired, I agree to abide by all of the company rules and regulations, and understand that , if employed, my employment is “at will” and may be terminated, with or without cause, and with or without notice, at any time, at the options of either the company or me. I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President/CEO, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission for LifeWay Counseling Centers, Inc. at any time, to perform whatever actions LifeWay determines appropriate to confirm the information supplied on this application by me, including a standard background check.

Applications are considered without regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other discriminatory factors prohibited by law.

Print Name: _____

Signed: _____ Date: _____



"Offering Hope for Life"™

Practitioner Name: _____

Clinician Specialty Profile

Patients

- Children (Ages _____ - _____)
- Adolescents (Ages _____ - _____)
- Adults (18-59)
- Seniors (60+)
- Family
- Marital
- Pre-Marital

Areas of Expertise

- Chemical/Alcohol Dependency
- Anxiety/ Panic Disorder
- ADD/ADHD
- Bereavement/ Grief Counseling
- Borderline Personality Disorder
- Child Abuse
- Sexual Abuse
- Domestic Violence
- Crisis Intervention
- Eating Disorders
- Sexual/Gender/Identity Disorder
- Obsessive Compulsive Disorder
- Disassociative Disorder

Additional Expertise

- Critical Incident Stress Debriefing (CISD)
- Executive/Life & Career Coaching
- Neuropsych. Evaluation/Testing
- Organizational Development
- Workplace Mediation
- Workshops/Seminars
- Other: _____
- Other: _____
- Other: _____

Clinical Orientation

- Biological/Medical
- Cognitive Behavioral
- Psychodynamic Systems
- EMDR
- Solution Focused
- Other: _____
- Other: _____

- Incest Survivors
- Learning Disabilities
- Pornography
- Men's Issues
- Mood Disorders
- Autism/PDD/Asperger's
- Co-Dependency
- Parenting Issues
- Pain Management
- Child Behavioral Problems
- Play Therapy
- Adoption Issues
- Women's Issues

- Psychological Evaluation and Testing
- Instrument Proficiency List:

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