

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

Date: _____ Name: _____ D.O.B. _____ Phone # _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone # _____

Email: _____

How did you learn about LifeWay Counseling Centers?

How do your values align with LifeWay Counseling Centers'?

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

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: _____ 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.

Professional References

Please provide three professional references:

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: _____

Consent to Background and Reference Check

I hereby authorize LifeWay Counseling Centers, Inc. and/or its agents to make investigation of my background, references, character, past employment, consumer reports, education, and criminal history record information which may be in any state or local files, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. A telephone facsimile (fax) or xerographic copy of this consent shall be considered as valid as the original consent. I hereby consent to the Company's verification of all the information I have provided on my application form. I also agree to execute as a condition of employment or a condition of continued employment any additional written authorization necessary for the Company to obtain access to and copies of records pertaining to this information. With regard to the foregoing disclosures, I hereby agree to release any person, company, or other entity from any and all causes of action that otherwise might arise from supplying the Company with information it may request pursuant to this release. I understand that any false answers or statements, or misrepresentations by omission, made by me on this application or any related document, will be sufficient for rejection of my application or for my immediate discharge should such falsifications or misrepresentations be discovered after I am employed.

Applicant Name: _____

Current Address: _____

Social Security Number: _____

Driver's License Number: _____

Applicant Statement & Agreement

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

_____ I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ In the event of my employment with the Company, I understand that I am required to comply with all rules and regulations of the Company.

_____ If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is required to continue the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

_____ I understand that safety of employees is extremely important to the Company and that the Company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

_____ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

_____ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.



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
- ☐ Dissociative Disorder

Clinical Orientation

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

Additional Expertise

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

- ☐ Psychological Evaluation and Testing
- ☐ Instrument Proficiency List:

Life Way Counseling Centers
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