

Application for Employment

10/20/11

**Professional Counseling Associates
P.O. Box 15968
North Little Rock, AR 72231
phone (501) 221-1843
fax (501) 221-2376**

Personal

Date of Application: _____

This application will remain active for 6 months. If you have not been employed by PCA within that 6 month period and are still interested, you will need to reapply. Please type or print. Omit any questions which do not apply.

Last Name		First Name		Middle
Address			Social Security Number	
City	State	Zip	Telephone Number(s)	

Position(s) for which you are applying: Full-time • Part-time •

Will you accept employment in any PCA location? Yes • No •
If no, where would you accept employment?

Have you been convicted of a misdemeanor or felony? Yes • No •
(Conviction will not necessarily disqualify an applicant from employment.) If yes, please explain:

Educational History

HIGH SCHOOL	Received: • Diploma • G.E.D. • Certificate: Type Awarded _____	If none, highest grade completed _____
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• List below post secondary schools, colleges, universities, trade/vocational or others attended:

Name & Location	From		To		Major/Minor	Hours Completed	Degree/Diploma Awarded	Date Graduated
	Mo.	Yr.	Mo.	Yr.				

List scholastic honors: _____

List subjects taken or specialized training which would be related to the position for which you are applying:

List any professional registrations, certifications and/or licenses (Give type, number, date of expiration, state):

List special skills you possess and machines and equipment you can use. (For example, business machines, scientific or professional devices, etc.)

List special qualifications not covered in application. (For example, important publications, patents or inventions, membership in professional or scientific societies, etc.)

For clerical positions, specify estimated words per minute: _____ typing _____ shorthand

Do you take transcription from a dictaphone? • yes • no

Employment History

This section must be completed for your application to be considered. **List most recent job first.** Please include **all** previous employers and account for any periods of unemployment. (List any additional employers and any periods of unemployment on a separate sheet.)

Company Name	Telephone ()
Address (City & State)	Dates of Employment From To
Name of Supervisor	Rate of Pay Start Last
State your Job Title and Describe your Work	Reason for Leaving

Company Name	Telephone ()
Address (City & State)	Dates of Employment From To
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State your Job Title and Describe your Work	Reason for Leaving

May we contact your current employer? • Yes • No

May we contact your former employer(s)? • Yes • No

List volunteer work you have done that you feel may be related to the job(s) for which you are applying:

Persons in our employ or serving on the PCA Board of Directors with whom you are acquainted or related:

References

Please list three (3) persons not related to you, who have knowledge of your work qualifications, are current or previous employers and can serve as a reference for you.

Name	Address	Occupation	Phone	# of yrs. known
1.				
2.				
3.				

Please read carefully. For your application to be considered, you must sign and date this form in the space below.

I hereby apply to Professional Counseling Associates for employment, and if employed, I agree to comply with all personnel policies, rules and regulations of PCA. I agree to submit to a pre-employment drug screen, as well as any future request for a drug screen.

I certify that all answers to the questions in this application are true, and I further understand that any false statement in this application will be sufficient grounds for rejection of the application or termination of employment without notice at any time hereafter.

I understand that as a condition of my employment I will be required to provide proof of eligibility to work in the United States, pursuant to the Immigration Reform and Control Act of 1986.

I authorize PCA to investigate my background, including any and all references available, criminal and other judicial records, including my credit record when applicable to the position for which I am applying. I authorize all previous employers, references and any other person to answer all questions asked concerning my ability, character, reputation, education, and previous employment record.

In exchange for PCA's consideration of my application for employment, I hereby agree not to file or pursue any complaints, claims or legal actions against any organization or individual that provides information about me to PCA or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims or legal actions against PCA or any of its employees, representatives or agents arising out of their efforts to obtain work-related information about me.

Further, I understand and agree that my employment is "at will", meaning it is not for any definite period and may, regardless of the date of payment of my wages and salary, be terminated by PCA or myself at any time, for any reason, without any previous notice.

Signature

Date of Signature