

Application for Employment

Professional Counseling Associates

REV 01.03.19

3601 Richards Road, Little Rock, AR 72117
phone (501) 221-1843 fax (501) 221-2376
Send completed application to Sarah Hirsch
recruiting@exodusgroup.com

Use this application if handwriting the information.

Date of Application: _____

Please type or print legibly.

Last Name	First Name	Middle Name	
Street Address	City	State	Zip
Phone Number(s) at which we may contact you		Social Security #:	
E-mail Address		How did you learn of this posting?	

Title of position for which you are applying: _____

Are you applying for: Full-time Part-time

Will you accept employment in any PCA location? Yes No

If no, where would you accept employment? Administration NLR Springhill NLR Sherwood
 Jacksonville Lonoke Cabot

Do you currently hold any applicable professional LICENSE or CERTIFICATION that is valid in the State of Arkansas? For each, please state the Issuing Board, the level, and the expiration date. If you are applying for a license, where are you in the process?

Have you ever been convicted of a misdemeanor or felony? Yes No
(Conviction will not necessarily disqualify an applicant from employment.)

If yes, please explain:

Have you lived in another state within the last 5 years?

No Yes* Specify which state(s): _____

(*Requires background check for all states during 5 year period.)

Educational History

Do you have a High School credential?

Diploma GED Other certificate (what type?) _____

If not: Highest grade completed: _____

List all schools, colleges, universities, trade/vocational or other programs after High School:

School & Location	Major & Minor	Year Began	Year Ended	Hours Earned	Degree or Diploma Awarded	Date Graduated

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

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, scholastic honors, publications, patents or inventions, membership in professional or scientific societies, etc.)

If applying for a clerical position, specify estimated words per minute: _____ typing

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 [Month/ Year]
	From To
Name of Supervisor	Rate of Pay
State your Job Title and Describe your Work	Start Last
	Reason for Leaving

Company Name	Telephone
Address (City & State)	Dates of Employment [Month/ Year]
	From To
Name of Supervisor	Rate of Pay
State your Job Title and Describe your Work	Start Last
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Company Name	Telephone
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	From To
Name of Supervisor	Rate of Pay
State your Job Title and Describe your Work	Start Last
	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:

Name of anyone who works at PCA or serves on our Board of Directors with whom you are acquainted or related:

References

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

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

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. These include, but are not limited to, registries of Child or Adult abuse and neglect, motor vehicle records, etc. I understand that employment is contingent upon the results of background checks.

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 of Applicant

Date of Application