



VERDE VALLEY GUIDANCE CLINIC, INC. EMPLOYMENT APPLICATION

As an equal opportunity employer, VVGC does not discriminate in hiring or terms and conditions of employment because of an individual's age, sexual orientation, sex, race, color, gender, religion, non-disqualifying disability or national origin. VVGC only hires individuals authorized for employment in the United States.

Please complete each question as completely as possible, even if you submit a resume. Attach additional sheets as necessary.

Reasonable accommodations during the application process will be made for all applicants upon their request. Please notify the Human Resources Coordinator to request an accommodation.

DATE: _____

PERSONAL INFORMATION

Last Name First Name Middle Name

Are you authorized for employment in the U.S.? Yes No

Present Street Address City State Zip Code

Previous Street Address City State Zip Code

Home Phone Number Work Phone Number Social Security Number

JOB INFORMATION

Position(s) applying for: _____

Work Location(s) Desired: _____

Work Preference: Full Time: _____ Part Time (Specify): _____

Shift (Specify): _____

Date You Can Start Work: _____ Rate of Pay Expected: _____

This space for office use only

EDUCATION

High school: _____

Address: _____

City State Zip

Year Graduated? _____ GED? Yes No If No, years complete: _____

Other Educational Institution: _____

Address: _____

City State Zip

Email address: _____ Phone #: _____

Graduation Date: _____ Degree/Major: _____
(MM/DD/YY)

Post-Graduate Educational Institution: _____

Address: _____

City State Zip

Email address: _____ Phone #: _____

Graduation Date: _____ Degree/Major: _____
(MM/DD/YY)

Last Name: _____

CHRONOLOGY OF PROFESSIONAL CAREER/MILITARY HISTORY

Please account for all the time spans following professional school. Please list all present and prior employers from oldest to most recent. Attach additional paper as necessary.

PLEASE NOTE GAPS OF THIRTY (30) DAYS OR MORE IN EMPLOYMENT REQUIRE AN ATTACHED WRITTEN EXPLANATION AS TO THE REASON FOR THE GAP IN EMPLOYMENT. THE WRITTEN EXPLANATION NEEDS TO BE SIGNED AND DATED.

Military Service (attach a copy of DD214):

Branch of Service: _____ Rank/Rate: _____

Dates of Service: _____ to _____ Character of Discharge _____
(MM/YY) (MM/YY)

Date Discharged: _____ Commanding Officer: _____

Address: _____

_____ City State Zip

Email address: _____ Phone #: _____

CHRONOLOGY OF PROFESSIONAL CAREER/EMPLOYMENT HISTORY

Employers: Please list your employment history and/or your practice/affiliation. If more space is needed, please make a copy of this page.

Employer: _____ May we contact: _____

Address: _____

_____ City State Zip

Dates of Employment: _____ Starting Pay: _____ Final Pay: _____
(MM/YY to MM/YY)

Email address: _____ (If Applicable) Phone: (____) _____

What position/job title did you hold: _____

Supervisor/Manager: _____

If you've had formal clinical privileges, what is the status: _____

Job Duties: _____

What was your reason for leaving the employer/practice: _____

Last Name: _____

CHRONOLOGY OF PROFESSIONAL CAREER/EMPLOYMENT HISTORY (continued)

Employer: _____ May we contact: _____

Address: _____

City

State

Zip

Dates of Employment: _____ Starting Pay: _____ Final Pay: _____
(MM/YY to MM/YY)

Email address: _____ (If Applicable) Phone: (____) _____

What position/job title did you hold: _____

Supervisor/Manager: _____

If you've had formal clinical privileges, what is the status: _____

Job Duties: _____

What was your reason for leaving the employer/practice: _____

Employer: _____ May we contact: _____

Address: _____

City

State

Zip

Dates of Employment: _____ Starting Pay: _____ Final Pay: _____
(MM/YY to MM/YY)

Email address: _____ (If Applicable) Phone: (____) _____

What position/job title did you hold: _____

Supervisor/Manager: _____

If you've had formal clinical privileges, what is the status: _____

Job Duties: _____

What was your reason for leaving the employer/practice: _____

Last Name: _____

CHRONOLOGY OF PROFESSIONAL CAREER/EMPLOYMENT HISTORY (continued)

Employer: _____ May we contact: _____

Address: _____

_____ City State Zip

Dates of Employment: _____ Starting Pay: _____ Final Pay: _____
(MM/YY to MM/YY)

Email address: _____ (If Applicable) Phone: (____) _____

What position/job title did you hold: _____

Supervisor/Manager: _____

If you've had formal clinical privileges, what is the status: _____

Job Duties: _____

What was your reason for leaving the employer/practice: _____

Employer: _____ May we contact: _____

Address: _____

_____ City State Zip

Dates of Employment: _____ Starting Pay: _____ Final Pay: _____
(MM/YY to MM/YY)

Email address: _____ (If Applicable) Phone: (____) _____

What position/job title did you hold: _____

Supervisor/Manager: _____

If you've had formal clinical privileges, what is the status: _____

Job Duties: _____

What was your reason for leaving the employer/practice: _____

Last Name: _____

If NOT Applicable Check Here

PRACTICUM, INTERNSHIPS, AND RESIDENCIES

DATES	INSTITUTION	ADDRESS	DESCRIBE NATURE OF EXPERIENCE

LICENSES/CERTIFICATIONS/REGISTRATION

DISCIPLINE	DATE ISSUED/EXPIRED	STATE	CURRENT

Attach a copy of license/certification.

DEA Certificate Number: _____ (Attach)

Last Name: _____

Specify office machines and equipment you can operate and years of experience.

Specify computer equipment you can operate and years of experience.

Specify computer software you can use.

Specify computer languages you are familiar with.

If NOT Applicable Check Here

SUPPLEMENTARY APPLICATION FOR CLERICAL,
COMPUTER/DATA ENTRY POSTIONS

Transcription equipment experience (describe).

Typing – WPM _____

Last Name: _____

PROFESSIONAL/CRIMINAL HISTORY

If any of the following question is answered "yes", please give full details on a separate sheet of paper and attach. Answering yes to any of the following questions does not automatically disqualify your application. Each offense will be evaluated as to the gravity, time passed since offense, and nature of the job sought.

1. Has your membership in any professional organization ever been denied, investigated, suspended, or revoked; or is any such action pending?
 Yes No Not Applicable
2. Has a renewal of any of your professional memberships ever been denied?
 Yes No Not Applicable
3. Have you ever been subject to any disciplinary proceedings by any professional association or organization; or is any such action pending?
 Yes No Not Applicable
4. Have any of your licenses, certifications, or registrations to practice any profession in any jurisdiction ever been investigated, suspended, restricted, or revoked?
 Yes No Not Applicable
5. Is any action currently pending to investigate, suspend, restrict or revoke any of your licenses, certificates, or registrations?
 Yes No Not Applicable
6. Has your narcotics registration certificate ever been limited, suspended, or revoked?
 Yes No Not Applicable
7. Have you ever been convicted of a criminal offense, other than a minor traffic violation?
 Yes No Not Applicable
8. Have you had any malpractice claims filed against you within the past ten years, or are any currently pending?
 Yes No Not Applicable

Last Name: _____

PROFESSIONAL REFERENCES

Name at least three references who have personal knowledge of your current clinical/professional ability, ethical character, health status, and ability to work cooperatively with others, and who will provide specific written comments on these matters upon request. Include your most recent supervisor.

If you are applying as a specialty provider in the areas of attachment & bonding, PTSD, eating disorders, sexual offenders, sexual abuse victims, or adoption, YOU MUST LIST AT LEAST ONE Peer (minimum Masters degree and independent practitioner certification) for each of the specialty areas you wish to be privileged for. In addition, please indicate, next to the name of the reference, which specialty area the reference can address. Additional pages can be attached as necessary.

Name/Title/Degree/Certification: _____

Address: _____

City

State

Zip

Relationship: _____

Email Address: _____ **(If Applicable) Phone: (____) _____**

Name/Title/Degree/Certification: _____

Address: _____

City

State

Zip

Relationship: _____

Email Address: _____ **(If Applicable) Phone: (____) _____**

Name/Title/Degree/Certification: _____

Address: _____

City

State

Zip

Relationship: _____

Email Address: _____ **(If Applicable) Phone: (____) _____**

Last Name: _____

Please read the following Statements carefully before you sign and return this application.

APPLICANT'S CONSENT AND AFFIRMATION

I hereby certify that the information I have provided in this employment application is true and complete to the best of my knowledge. I understand that if I am hired, the discovery of any false information or any relevant information omitted will be immediate grounds for dismissal.

This release and authorization acknowledges that VVGC may now, or at any time while I am employed, conduct a verification of my education, previous employment/work history, motor vehicle records, contact personal references, and receive and criminal history record information pertaining to me which may be in the files of any Federal, State, County, or Local criminal justice agency and/or other information as deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment eligibility under VVGC's employment policies.

In connection with this application, I authorize all corporations, companies, educational institutions, persons, law enforcement agencies, military services, and former employers to release information that they may have about me to VVGC or its agents and release them from any liability for doing so. IN MAKING THIS APPLICATION FOR EMPLOYMENT, IT IS UNDERSTOOD THAT AN INVESTIGATIVE CONSUMER REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH MY NEIGHBORS, FRIENDS, OR OTHERS WITH WHOM I AM ACQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. I HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN 30 DAYS TO RECEIVE ADDITIONAL, DETAILED INFORMATION ABOUT THE NATURE AND SCOPE OF THIS INVESTIGATION.

I do hereby agree to forever release and discharge VVGC full extent permitted by law from any claims, damages, losses, liabilities, costs, and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report.

I understand that if offered employment, the offer will be contingent upon my meeting all fingerprint, health screening, certification requirements and background checks, as applicable.

I hereby acknowledge that if employed, my employment does not constitute any contractual relationship, and is of an "at will" nature, which means that I may resign at any time, or that VVGC may terminate me at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any verbal or written document or other contract unless such change is specifically stated in writing by an authorized VVGC Chief Executive Officer/Executive Director.

A copy of this form that shows my signature is as valid as the original and may be relied upon by any person contacted for the purpose of investigating my background.

Signature

Date

**Applications are current for 60 days. After 60 days a renewal must be filed. **

Last Name: _____

EEOC/AA Data Sheet

VVGC has an Affirmative Action program to ensure equal employment opportunity in its hiring practices. We ask that you voluntarily help us monitor the effectiveness of our program by completing the affirmative action data below. The completion of this form is voluntary and refusal to complete it will not subject applicant to any adverse treatment. This form will be filed separately from your application and the provided information will not be used to discriminate against you in any way. Thank you.

Application for Position of: _____	Date of Birth: _____/_____/_____
------------------------------------	----------------------------------

Name (Optional): _____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Last _____ First _____ Middle Initial _____	

Ethnic Origin (see note below):

_____ (a) White _____ (d) Asian or Pacific Islander

_____ (b) Black _____ (e) American Indian or Alaskan Native

_____ (c) Hispanic National Origin (Country of ones' ancestry) _____

NOTE: Ethnic origin is defined by the Federal Equal Employment Opportunity Commission as follow:

- | | |
|-----------------------------------|--|
| a) White (not of Hispanic origin) | All persons having origins in original people of Europe, North Africa, or the Middle East. |
| b) Black (not of Hispanic origin) | All persons having origins in any of the Black racial groups of Africa. |
| c) Hispanic | All persons of Mexican, Puerto Rico, Cuban, or South American culture or origin, regardless of race. |
| d) Asian or Pacific Islanders | All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine islands, and Samoa. |
| e) American Indian or Alaskan | All persons having origins in any of the original peoples of North America, and Native who maintain cultural identification through tribal affiliations or community recognition. |

a) Veteran: _____ Yes _____ No

b) If yes, check one: _____ Vietnam Era, 1962-1975 _____ Other _____ Disabled

a) Disability: _____ Yes _____ No

b) If yes, enter your primary disability _____

c) What accommodations may be necessary for you to perform the job for which you are applying? _____

How did you learn about the job for which you applying?

_____ (a) Newspaper (name)	_____ (f) Walk-In
_____ (b) Job Bulletin (where posted)	_____ (g) Job Fair/Conference (where, when)
_____ (c) Federal/State Employment Service (name)	_____ (h) College/University School (name)
_____ (d) Magazine/Journal (name)	_____ (i) Other (specify name of source below)

Please return to: Human Resources Coordinator
 VERDE VALLEY GUIDANCE CLINIC, INC.
 8 E Cottonwood St
 Cottonwood, AZ 86326

Last Name: _____