

# CHEYENNE MOUNTAIN COUNSELING & WELLNESS CENTER

Employment Application



## APPLICANT INFORMATION

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City			State			ZIP
Phone			E-mail Address			
Date Available			Social Security No.			
Position Applied for						
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			

## EDUCATION

High School		Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

## REFERENCES

*Please list three professional references.*

Full Name		Relationship	
Company			Phone
Address			
Full Name		Relationship	
Company			Phone
Address			
Full Name		Relationship	
Company			Phone
Address			

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

LICENSE INFORMATION	
Are you Licensed? If so, List Number and State	Exp Date:
Has your License ever been revoked?	Yes NO
If so, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

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**SUPPLEMENTAL QUESTIONS**

Please answer these questions to the best of your ability.

(1) What are the three most significant events that have happened to you professionally?

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(2) What are your personal and professional goals for the next five years?

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(3) Tell about a time a situation where you were asked to do something against your beliefs or that was unethical. How did you handle it?

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(4) List your strengths and weaknesses. How will you use both to your benefit in the workplace environment?

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(5) What is your philosophy on conflict resolution? What have you done in the past if your method doesn't work?

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(6) Why do you want to work for Cheyenne Mountain Counseling & Wellness Center?

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