

**NORTH COMMUNITY COUNSELING CENTERS, INC.
1855 E DUBLIN GRANVILLE RD. COLUMBUS, OHIO 43229**



Employment Application

Applicants are considered for all positions in accordance with federal, state, county, and municipal statutes or regulations concerning non-discrimination on the basis of race, ancestry, age, color, religion, sex, national origin, sexual orientation, non-disqualifying disability, or veteran status. A resume may not be used in lieu of completing this application.

APPLICANT INFORMATION

| | | | | | |
|--|--|---------------------------------|-----------------------------|--|-----------------------------|
| Last Name | | First | | Date | |
| Street Address | | | Apartment/Unit # | | |
| City | | State | | ZIP | |
| Phone | | E-mail Address | | | |
| Date Available | | Social Security No. | | Desired Salary | |
| Position Applied for | | | | | |
| Referral Source: <small>Please list specific source</small> | | Online <input type="checkbox"/> | | Employee <input type="checkbox"/> | |
| Are you licensed in the State of Ohio? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, please provide license number | |
| 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.? | |
| 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 | |
| Are you currently employed? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, may we contact your employer? | |
| YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

EDUCATION

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

REFERENCES*Please list three professional references.*

| | | | |
|---------------|--|--------------|--|
| Full Name | | Relationship | |
| Company | | Phone | |
| Address | | | |
| Email Address | | | |
| Full Name | | Relationship | |
| Company | | Phone | |
| Address | | | |
| Email Address | | | |
| Full Name | | Relationship | |
| Company | | Phone | |
| Address | | | |
| Email Address | | | |

PREVIOUS EMPLOYMENT (BEGIN WITH MOST RECENT)

| | | | |
|---|-----------------|--------------------|------------------|
| 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"/> | | | |

MILITARY SERVICE

| | | |
|----------------------------------|-------------------|----|
| Branch | From | To |
| Rank at Discharge | Type of Discharge | |
| If other than honorable, explain | | |

BACKGROUND INFORMATION

Instructions and important note about the following questions: Circle the proper response for each question below. Answering "yes" on any of the questions below will not automatically disqualify you from consideration for employment. We will consider the date and facts of each event you list. When answering these questions, you may omit: 1) any conviction set aside under the Federal Youth Corrections Act or State Law; 2) any conviction whose record was expunged under Federal or State law; 3) any criminal arrest, investigation, or hearing that did not lead or has not yet led to a conviction.

| | | |
|--|------------------------------|-----------------------------|
| 1. Have you ever been convicted of or forfeited collateral for a criminal offense, other than a traffic offense with a penalty of less than \$100.00 | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Are there charges pending against you by any professional ethics boards, federal or state regulatory agencies, or professional regulatory bodies (examples: The American Medical Association) for violations of the law, violations of ethics codes, professional misconduct, incompetence or negligence? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Has any civil, administrative, or private regulatory professional liability claim been made against you? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. Have you ever had any insurance company decline, cancel or refuse to renew or accept on special terms any professional liability insurance? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

*If you answered "YES" to the above questions, you must provide the following information below: 1) Date 2) Charge 3) Place 4) Court 5) Action Taken. Failure to provide this information will disqualify you from further consideration for employment.

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Reasonable Accommodation Request Information

The purpose of this form is to assist NCCC in determining whether, or to what extent, a reasonable accommodation is required for an employee with a disability to perform one or more essential functions of their job safely and effectively or to determine if, to what extent, a reasonable accommodation is needed for persons served.

If employee requested: this form must be filed separately from the employee's personnel file and be treated confidentially if indicated.

Employee _____ (Employee) Please Keep Confidential _____

| | |
|-------------|--|
| Date | |
| Name | |
| Telephone # | |

| | |
|-------------------|--|
| Job Title | |
| Supervisor | |
| Location | |
| HR Representative | |

Description of Request: _____

I give North Community Counseling Centers permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act of 1990, as amended (ADA). I understand that all information obtained during this process will be maintained and used in accordance with ADA and all legal and regulatory requirements as they pertain to medical and genetic information confidentiality. In situations which require input on questions related to medical or psychological documentation submitted to support a request for reasonable accommodation, I authorize NCCC to consult with the medical or clinical persons listed below:

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DISCLAIMER AND SIGNATURE

I certify that answers given herein are true and complete to the best of my knowledge. I understand that misrepresentations or omissions of facts is reason for dismissal if I am employed.

I hereby authorize any persons or entities to provide North Community Counseling Centers with any and all information concerning my previous employment, education, and any other pertinent information they may have, personal or otherwise, and I hereby release all parties furnishing any such information from all liability for any damage that may result to me from the release of such information.

I understand that no position within North Community is guaranteed for any length of time, and either North Community or I can terminate the relationship at will at any time, for any reason. I understand that no employee of North Community has any authority to alter my at-will employment status or North Community's policies (with which I agree to comply in consideration of my employment if I am employed), except the Chairperson of the Board of Trustees, who may do so only in writing.

Signature

Date