

PCC Application for Employment



PHOENIX
COUNSELING CENTER

Where Help, Hope and Compassion Come Together.

Phoenix Counseling Center
839 Majestic Court, Suite 1
Gastonia, NC 28054
Telephone: 704.396.6747
Fax: 704.671.2553

PCC is an Equal Opportunity Employer We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status

Date of Application:

Last Name		First Name		Middle Name	
Address		City		State Zip Code	
Telephone Number(s)		Date of Birth (Used for Background Checks Only)		Social Security Number	

Positions Applied For:

Location: Gastonia Office Shelby Office Lincolnton Office Any Location

Immigration Reform & Control Act



After employment, you will be required to submit verification of your legal right to work in the United States. Phoenix Counseling Center employs only United States citizens or aliens who can provide proof of identity and work authorization within 3 working days of employment. Phoenix Counseling Center participates in E-Verify.

If you are less than 18 years of age, can you provide required proof of your eligibility to work, to include work permit?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever filed an application with us before?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been employed with us before?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently employed?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
May we contact your present employer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you available to work:		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>	
Can you travel if a job requires it?			
Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do You have reliable transportation Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Do You Have Automobile Insurance: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been charged with and/or convicted of a felony including child molestation and/or child abuse?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been charged or released from employment due to workplace aggression/violence?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please list any <u>Clinical</u> Licensure Information or Certifications:			

Explanation For Any of the Above

Educational/Vocational Achievement

Name of School	School Address (City & State)	Dates Attended				Type of Degree or Diploma Received	Major Subjects Studied
		From		To			
High School (Included GED Equivalency)		Mo	YYYY	Mo	YYYY	(N/A if not graduated)	
							General Studies
Colleges or Universities		Mo	YYYY	Mo	YYYY	(N/A if not graduated)	
Technical, Vocational, or Military Training		Mo	YYYY	Mo	YYYY	(N/A if not graduated)	
Describe job-related skills, knowledge, special training, or licenses you have pertaining to the position. Please identify skills using computer software such as Word, Excel, PowerPoint, Access, or other specialized computer software:							

Indicate any foreign languages that you can speak, read, and/or write:

Describe any specialized training or experience that you feel relevant to the position you are applying for:

Employment Record

Starting with previous or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on the back of this sheet.							
Last or Present Employer:		Type of Organization, Government Agency, etc.			Position Held:		
Street Address (number and name):		Supervisor's Name:			Did You Supervise Others? Yes No		
		Supervisor's Telephone Number:			If Yes, How Many Did You Supervise?		
City:	County:	State:	Zip:				
Full Time	Years:	Months:	May We Contact This Employer?		Yes	No	
Part Time	Years:	Months:	Part-Time Weekly Hours:				
Date Employed (Mo/Yr)	Date Separated (Mo/Yr)	Starting Salary \$ per		Ending Salary \$ per		Reason for Leaving:	
List Major Duties in Order of Their Importance In The Job:							

Last or Present Employer:	Type of Organization, Government	Position Held:
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		Agency, etc.			
Street Address (number and name):		Supervisor's Name:		Did You Supervise Others?	
		Supervisor's Telephone Number:		Yes No If Yes, How Many Did You Supervise?	
City:	County:	State:	Zip:		
Full Time	Years:	Months:	May We Contact This Employer? Yes No		
Part Time	Years:	Months:	Part-Time Weekly Hours:		
Date Employed (Mo/Yr)	Date Separated (Mo/Yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving:	
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		Supervisor's Telephone Number:		Yes	No
				If Yes, How Many Did You Supervise?	
City:	County:	State:	Zip:		
Full Time	Years:	Months:	May We Contact This Employer?	Yes	No
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Part Time	Years:	Months:	Part-Time Weekly Hours:		
Date Employed (Mo/Yr)	Date Separated (Mo/Yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving:	
List Major Duties in Order of Their Importance In The Job:					

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

Specialized Skills:

Computer Hardware MS Office MS Excel MS ACCESS MS PowerPoint

Other Computer Skills:

Reasonable Accommodations:

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes No

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

_____ Signature of Applicant _____ Date

Professional/Work References:

List two past supervisors and one person who is not related to you who would have knowledge of your qualifications for the position for which you are applying.

Name	Title/Relationship	Address (Street, City, State, Zip)	Phone Number (Include Area Code)	Occupation

Dates Available:

Referral Source: