

# Pennsylvania Counseling Services, Inc.

## APPLICATION FOR EMPLOYMENT ALSO ATTACH RESUME

Pennsylvania Counseling Services, Inc. is an Equal Opportunity Employer. Applicants are considered for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status, sexual preference, disability or any other legally protected status. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner. However, you may choose not to provide certain information that may identify a disability or other legally protected status.

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Desired Position \_\_\_\_\_ Date Available to Work \_\_\_\_\_

Available For \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary \_\_\_\_\_ Desired Compensation \_\_\_\_\_

Are there limitations to your schedule? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please state time UNAVAILABLE for work \_\_\_\_\_

Did someone refer you to this agency? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, how did you find out about this position? \_\_\_\_\_

If yes, please provide name \_\_\_\_\_ If yes, are they an employee of this agency? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever filed an application with Pennsylvania Counseling Services, Inc.? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify date(s) \_\_\_\_\_

Have you, a family member, or a close friend ever been employed by Pennsylvania Counseling Services, Inc.? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify name(s) and date(s) \_\_\_\_\_

If hired, you will be required to submit proof of your ability to be legally employed in this country. Will you be able to submit proof of citizenship or employment eligibility? \_\_\_\_\_ Yes \_\_\_\_\_ No

Some positions require a valid PA driver's license. Do you have a valid PA driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, state issued \_\_\_\_\_ Driver's License Number \_\_\_\_\_

License Expiration Date \_\_\_\_\_

Do you have a dependable vehicle available for work if a vehicle is required? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have active car insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please answer this question if you are applying for a position which may involve work related driving or for a treatment related position: Have you ever been convicted or completed ARD (or plead guilty) of any crime related to the operation of a vehicle (driving while intoxicated, speeding tickets, traffic violations, etc.)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

(Information regarding convictions will not necessarily disqualify you for employment, but will be reviewed in light of duties and responsibilities of the position being sought.)

Optional: What experiences do you have which might enhance your contribution to the treatment of clients? Recovery is seen as an asset.

To ensure there is not conflict of interest; Have you or any member of your immediate family been in treatment at Pennsylvania Counseling Services, Inc.? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, what geographic location?

### Application Disclosure Statement

A requirement of working with PCS is the disclosure of criminal, child abuse and/or ethical violation history. PCS is required to verify this information from your submission of Act 33 and 34 and other clearances pursuant to employment. Conviction records may not necessarily disqualify an applicant from employment. Please complete the following information below.

**I. Criminal Record / Ethical Violations**

A. Have you ever been convicted, imprisoned or placed on probation for a felony or misdemeanor?

\_\_\_\_\_ No (Go to question B) \_\_\_\_\_ Yes (explain in writing)

B. Have you ever been charged with a professional ethics violation? \_\_\_\_\_ No (Go to Section II) \_\_\_\_\_ Yes (explain in writing)

If you answered yes to either of these question please explain below. Use another sheet if necessary:

The date(s) \_\_\_\_\_

Nature of the offense(s) or violation(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and location of court \_\_\_\_\_

Penalty imposed or disposition of case \_\_\_\_\_

Is there any other event or issue that you would like to share which may impact the position you are applying for? \_\_\_\_\_

\_\_\_\_\_

**II. Child Abuse History**

Have you ever been named as the perpetrator of a founded or indicated child abuse report, or been convicted of any such crime as an adult?

\_\_\_\_\_No (Go to section III) \_\_\_\_\_Yes

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**III. Attestation of Clearance**

By my signature, I attest that there is nothing which ~~has~~ occurred in my work or personal history which may result in a report of offenses, judgments, or findings of any kind in a Child Abuse History clearance procedure; or conviction or probation for a felony or misdemeanor on a Criminal Record Check or FBI Clearance. I further attest that I am not involved in any outstanding or pending legal issues or threat of litigation or lawsuit(s) which remain unresolved regarding issues which could be construed to having been barred or potentially being barred in the future from participation in any managed care panel or federal funding (Medicare, etc.) due to misconduct of any kind. I also attest that I will report any of the aforementioned issues if they arise at any time during my employment with Pennsylvania Counseling Services, Inc. I understand that a false response (above) or failure to report aforementioned issues which occur during my employment will be cause for employment termination.

Applicant's Name (please print) \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature Date

*Company Representative should indicate "did not sign" if applicant cannot attest to the above statement.*

\_\_\_\_\_  
Company Representative Signature Date

**IV. Verification**

My Signature below verifies the information presented on this page is correct:

\_\_\_\_\_  
Applicant Date

.....  
Agency Witness Date

**Attention: Interviewer/Company Representative**  
**If an offense has been disclosed or the applicant has refused to sign this attestation, please fax a copy of this form to (717) 272-7976**  
**Attn: President AND Chief Operating Officer.**  
**Written approval from the President or Chief Operating Officer is required PRIOR TO HIRING.**

**Work History**

List the names of all employers, giving the most recent first. Please give the month and year for each position listed. In addition, be sure to list all health or human service providers for which you have worked. Please be sure to list your direct care experience with children, adolescents and teenagers. Direct care experience only counts if it is in one of the following categories: Mental Health, Mental Retardation, Education,

Special Education, Early Intervention, Certified Day Care, Children and Youth, Drug and Alcohol, Juvenile Justice, Health Care, and Vocational Rehabilitation. Please complete in full detail even if you have submitted a resume.

Employer Name \_\_\_\_\_ Hours/week \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Dates Employed From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_ Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_

Your Supervisor \_\_\_\_\_ Your Job Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Duties \_\_\_\_\_

---

Employer Name \_\_\_\_\_ Hours/week \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Dates Employed From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_ Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_

Your Supervisor \_\_\_\_\_ Your Job Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Duties \_\_\_\_\_

---

Employer Name \_\_\_\_\_ Hours/week \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Dates Employed From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_ Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_

Your Supervisor \_\_\_\_\_ Your Job Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Duties \_\_\_\_\_

---

### Verification of Work History

My signature below indicates that the above information is correct and that all the information listed on my resume regarding my employment history is correct. My signature also gives PCS permission to verify this work history with my former employers.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

#### Office Use Only

Employer: \_\_\_\_\_ Date Verified: \_\_\_\_\_ Initials: \_\_\_\_\_

Employer: \_\_\_\_\_ Date Verified: \_\_\_\_\_ Initials: \_\_\_\_\_

Employer: \_\_\_\_\_ Date Verified: \_\_\_\_\_ Initials: \_\_\_\_\_

## Education

### High School

Name \_\_\_\_\_

Address \_\_\_\_\_

Graduated?  Yes  No

Major \_\_\_\_\_ Degree \_\_\_\_\_

### Technical School

Name \_\_\_\_\_

Address \_\_\_\_\_

Graduated?  Yes  No

Major \_\_\_\_\_ Degree \_\_\_\_\_

### College

Name \_\_\_\_\_

Address \_\_\_\_\_

Graduated?  Yes  No If no, how many credits did you obtain? \_\_\_\_\_

Major \_\_\_\_\_ Degree \_\_\_\_\_

### Graduate/Professional

Name \_\_\_\_\_

Address \_\_\_\_\_

Graduated?  Yes  No

Major \_\_\_\_\_ Degree \_\_\_\_\_

### Other

Name \_\_\_\_\_

Address \_\_\_\_\_

Graduated?  Yes  No

Major \_\_\_\_\_ Degree \_\_\_\_\_

## Professional Licenses and/or Certificates

(Not Applicable for Administrative Staff)

List any professional licenses \_\_\_\_\_

License numbers \_\_\_\_\_

Has your professional license ever been suspended or revoked?  Yes  No

If yes, please explain \_\_\_\_\_

List any relevant certifications \_\_\_\_\_

## Verification of Degree or Educational Credits Earned Form – Policy and Procedure

(Not Applicable for Administrative Staff)

**Policy:** All employees hired must have their degree verified by the registrar or transcript office of the educational institution where they report having received a diploma. Your signature on this form gives PCS the right to verify all information regarding your educational and licensing status.

**For Licensed Clinicians**

Name of employee \_\_\_\_\_

License type \_\_\_\_\_ License # \_\_\_\_\_

I verify the above information is correct \_\_\_\_\_ (signature)

*(Provision of false information will result in immediate dismissal.)*

**For Unlicensed Clinical Staff:** (Provide the highest degree or credits earned if no degree)

Name of employee \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Degree \_\_\_\_\_ or # of credits earned \_\_\_\_\_

Year Received \_\_\_\_\_ If your degree or transcript is in another name \_\_\_\_\_

Educational Institution \_\_\_\_\_ Location \_\_\_\_\_  
City/State \_\_\_\_\_

I verify the above information is correct \_\_\_\_\_ (signature)

*(Provision of false information will result in immediate dismissal.)*

**This section to be filled out by Pennsylvania Counseling Service's Administrative Staff:**

\_\_\_\_\_ Degree Verified by Registrar

Educational Institute \_\_\_\_\_ Phone Number \_\_\_\_\_

Time and Date of Call \_\_\_\_\_ Name of Institution's Representative \_\_\_\_\_

\_\_\_\_\_ Registrar unable to verify degree

\_\_\_\_\_ Degree verified electronically. (See attachment)

PCS Administrative Staff \_\_\_\_\_ / \_\_\_\_\_  
Printed Name Signature

**Required Signature for All Applicants**

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

I authorize an investigation, including verification, of all statements contained in this application for employment as Pennsylvania Counseling Services, Inc. deems appropriate in arriving at an employment decision.

I hereby understand and acknowledge that any employment relationship with this organization, with the exception of contracted employment, 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 such change is specifically acknowledged in writing by an authorized executive of the organization.

I understand that this application shall not be active for more than 60 days. If after that time I have not heard from this company and wish to be reconsidered for employment, I will have to reapply.

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

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_