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| **H.O.P.E. Counseling Services**  ***Las Vegas location*** 601 S. Rancho Dr. #A10, Las Vegas, NV 89106  ***North Las Vegas location*** 3920 W. Ann Rd. #100, N. Las Vegas, NV 89031  Tel: (702) 437-4673  Fax: (702) 438-4673  Email: [inquiry@HopeCounselingServices.net](mailto:inquiry@HopeCounselingServices.net)  [www.HopeCounselingServices.net](http://www.HopeCounselingServices.net) |



## Employment Application

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| Personal Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (Last name, First):  Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Phone: | | | | | Cell Phone: | | | | | | | | | | | | Email: | | | | | | | | | | | | | | | | | | |
| Employment Desired | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Position*:* | | | | | | | | | | | | | Date you can start*:* | | | | | | | | | | | | | | Salary Desired*:* | | | | | | | | |
| Are you employed: YesNo | | | | | | If so, may we inquire of your present employer: YesNo? Explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ever applied to this company before: | YesNo | | | | | | | | | What position: | | | | | | | | | | | | | When: | | | | | | | | | | | | |
| How did you find out about this job opening? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Newspaper | Website | | | | | | Internet | | | | HOPE employee | | | | | | | | | Other (specify): | | | | | | | | | | | | | | | |
| Languages spoken: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education History (Post High School only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of School | | | | | | | | | Location (City/State) | | | | | | | Did you graduate? | | | | | Degree earned | | | | | | | | | Field of Study | | | | | |
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| Professional Certification / Licensure / Registration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description | | | | | | | | | State | | Profession | | | | | | | | | | | | | | Document Number | | | | | | | Expiration Date | | | |
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| Have any of the above certifications / licenses / registrations been revoked, suspended or are currently under investigation? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YesNo | | | | |
| If YES, provide explanation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employment History (Begin with your present or most recent position) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date (Month and Year) | Employer Name | | | | | | | | | | Position | | | | | | | | Salary | | | | | | | | PT/FT  Contract | | | | | | Reason for Leaving | | |
| From: |  | | | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| To: |
| Describe your duties / responsibilities: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| To: |
| Describe your duties / responsibilities: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| To: |
| Describe your duties / responsibilities: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency Contact References (include 2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | Phone Number | | | | | Email | | | | | | | | | | | | | | Address | | | | | | | | | | | | Relationship | |
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| Professional References (include 3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | Company Name | | | | | | | | Position | | | | | | Phone Number | | | | | | | | Email | | | | | | | | | Known for |
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| Special Qualifications: (including computer systems and programs which you are familiar) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Background Inquiry Statement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H.O.P.E. Counseling Services is directly responsible to provide services and treatment to children, adolescents, vulnerable adults, and persons who are mentally ill, and as a result contact with this special population while employed at H.O.P.E. Counseling Services may be direct or incidental. All employees, contractors, and volunteers are subject to a background inquiry of civil adjudications, conviction records or crimes against persons, final professional board disciplinary decisions, and eligibility to participate in federal healthcare programs in accordance with federal and state mandates. Information will be verified through the Nevada State Patrol and/or local law enforcement, the Central Registry of Child Abuse and Neglect, and Nevada State Department of Health, US Health and Human Services and Excluded Parties Listing System. A background inquiry is conducted at the onset of employment and periodically throughout employment. Certain information obtained may result in denial of employment or dismissal if actively employed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has your name been placed on a registry of child or adult abuse in Nevada or any other state? | | | | | | | | | | | | | | | | | | | | | | | | | | | | YesNo | | | | | | | |
| If YES, provide explanation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you been charged and/or convicted of a felony and/or misdemeanor? | | | | | | | | | | | | | | | | | | | | | | | | | | | | YesNo | | | | | | | |
| If YES, provide explanation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have any court action/proceedings in process? | | | | | | | | | | | | | | | | | | | | | | | | | | | | YesNo | | | | | | | |
| If YES, provide explanation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you received disciplinary action by a professional board or state agency? | | | | | | | | | | | | | | | | | | | | | | | | | | | | YesNo | | | | | | | |
| If YES, provide explanation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever been asked to resign from any job or terminated? | | | | | | | | | | | | | | | YesNo | | | | | | | | | | | | | | | | | | | | |
| If yes, provide explanation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| APPLICANT STATEMENT AND AGREEMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WE ARE AN EQUAL OPPORTUNITY EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I understand that this application will be given every consideration, but it is not a promise of employment.  I certify that the information I provide on this application and attached documents is true and complete to the best of my knowledge and contains no willful misrepresentation or falsification. I understand that the discovery of a misrepresentation or falsification may result in the rejection of my application for employment or my removal from the position after appointment.  I give my authorization to H.O.P.E. Counseling Services to thoroughly verify the information provided on this application and release all persons, companies, and organizations from liability for providing or receiving this information. I also understand that as a condition of employment, I will be subjected to a background inquiry, verification of eligibility to participate in a federal health care program, and a driving history inquiry, the results of which may preclude my employment.  I understand that if I am hired, my employment will be for no definite period. I further understand that I have the right to terminate my employment at any time with or without notice, and H.O.P.E. Counseling has the same right, unless otherwise required due to ethical responsibilities.  I also understand that any offer of employment may be contingent upon the passing/completing of a drug test, TB test, fingerprinting, CPR certification and a driving record. I also understand that I may be required to take other tests, prior to employment and during my employment.  I understand that H.O.P.E. Counseling Services may investigate my driving and my criminal records.  I further understand that H.O.P.E. Counseling Services may contact my previous employers and I authorize those employers to disclose to H.O.P.E. Counseling Services all records of my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their employees and representatives, as well as other individuals who release information to H.O.P.E. Counseling Services, and release them from any and all liability, claims or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.  I hereby state that all of the information that I provide on this application and in my interview is true and accurate. I understand that if I am employed and any such information is later found to be false in any respect, I may be dismissed.  DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sign | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Signature of Applicant | | | | | | | | | | | |  | | | | | | | | | | Date | | | | |  | | | | | | |