

KENT SUSSEX
COMMUNITY
SERVICES

Application For Employment

KENT SUSSEX COUNSELING SERVICES 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.

PLEASE PRINT OR TYPE

Position(s) Applied For _____

Referral Source: Advertisement Friend / Relative Employment Agency
 Other: _____

Last Name Name	First Name	Middle
Address		
Telephone(s) ()	Social Security Number 	

If you are under eighteen (18) years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, please provide date: _____

Have you ever been employed with us before? Yes No

If Yes, please provide date: _____

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No

(Proof of citizenship or immigration status will be required upon employment.)

Education/Training

High School Graduate/GED Vocational/Business School

Name & Location of College/University	Dates Attended	Major/Minor	Type of Degree Received
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

Occupational Licenses	Issued by/ #	Expiration Date
-----	-----	-----
-----	-----	-----
-----	-----	-----

Certificates (Types)

List the total number of years/months of experience as they relate to the position applied for:

Language(s) other than English

----- Speak Read Write

----- Speak Read Write

----- Speak Read Write

----- Speak Read Write

Employment History

Please list the most recent employment first.

Please account for all lapses in employment history.

Can we contact your present employer? Yes No

Can we contact your former employer? Yes No

Employer: _____ Supervisor: _____
Address: _____ Phone: ()
Annual Salary: Start: _____
(or \$ hourly) End: _____

Employed (month & year): From: _____ To: _____

Full time Part time Reason for leaving: _____

Job title(s): _____

Duties: _____

Employer: _____ Supervisor: _____
Address: _____ Phone: ()
Annual Salary: Start: _____
(or \$ hourly) End: _____

Employed (month & year): From: _____ To: _____

Full time Part time Reason for leaving: _____

Job title(s): _____

Duties: _____

Employment History

Employer: _____ Address: _____ _____	Supervisor: _____ Phone: () Annual Salary: _____ Start: _____ (or \$ hourly) End: _____
Employed (month & year): From: _____ To: _____	
<input type="checkbox"/> Full time <input type="checkbox"/> Part time Reason for leaving: _____	
Job title(s): _____ Duties: _____ _____	
Employer: _____ Address: _____ _____	Supervisor: _____ Phone: () Annual Salary: _____ Start: _____ (or \$ hourly) End: _____
Employed (month & year): From: _____ To: _____	
<input type="checkbox"/> Full time <input type="checkbox"/> Part time Reason for leaving: _____	
Job title(s): _____ Duties: _____ _____	
Employer: _____ Address: _____ _____	Supervisor: _____ Phone: () Annual Salary: _____ Start: _____ (or \$ hourly) End: _____
Employed (month & year): From: _____ To: _____	
<input type="checkbox"/> Full time <input type="checkbox"/> Part time Reason for leaving: _____	
Job title(s): _____ Duties: _____ _____	

Minimum Qualifications

Please describe how your education, training and experience meet **each** Minimum Qualification and Additional Requirement described in the Job Announcement. Please do not submit copies of letters or training certificates, unless stated as a requirement.

Use back of page if needed

References: Past or present supervisors are required as a reference. Please list

1. _____ Name of reference	_____ Phone number
<input type="checkbox"/> Professional <input type="checkbox"/> Co-worker <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____ (list)	
2. _____ Name of reference	_____ Phone number
<input type="checkbox"/> Professional <input type="checkbox"/> Co-worker <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____ (list)	
3. _____ Name of reference	_____ Phone number
<input type="checkbox"/> Professional <input type="checkbox"/> Co-worker <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____ (list)	
4. _____ Name of reference	_____ Phone number
<input type="checkbox"/> Professional <input type="checkbox"/> Co-worker <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____ (list)	
5. _____ Name of reference	_____ Phone number
<input type="checkbox"/> Professional <input type="checkbox"/> Co-worker <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____ (list)	
6. _____ Name of reference	_____ Phone number
<input type="checkbox"/> Professional <input type="checkbox"/> Co-worker <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____ (list)	

Certification

Before signing please read the following statement carefully:

I certify that answers given herein are true and complete to the best of my knowledge. I understand that false, substantive omission or misleading information given in my application or interview(s) may be cause for rejection or may result in discharge or dismissal if employed. 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 forty-five (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 such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant Signature

Date

VOLUNTARY AFFIRMATIVE ACTION STATEMENT

It is the policy of Kent & Sussex County Counseling Services to assure equal and fair treatment in all aspects of employment opportunity for minorities, women, Vietnam Era Veterans and disabled veterans, people with physical or mental disabilities and persons above the age of forty. Please provide the following information to document and assess the effectiveness of our Affirmative Action Program. This page will be detached from your application and will not be used for employment decisions.

Job applied for (Title):

How did you find out about this position?

Social Security # : _____

Sex: _____ Male _____ Female

Date of Birth: _____

- Race/Ethnicity: Alaskan Native
 American Indian
 Asian
 Black
 Hispanic
 Other
 Pacific Islander
 White

Please direct any questions to the
Human Resources Director,
Kent Sussex Counseling Services
(302) 735-7790