

Counseling Services, Inc.



936 East 93rd Street
Chicago, IL 60619
Tel: (773) 731-5395
Fax: (773) 336-5545

APPLICATION FOR EMPLOYMENT

PLEASE NOTE: it is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience/ or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

Applicant's Name:			
Address:			
City, State, Zip:			
Cell Phone Number:		Alternate Phone Number:	
Email Address:		Date of Birth:	
Position you are applying for:			
Do you have a Certified Alcohol and Drug Counselor Certificate?		If yes, registration #:	
If no, are you preparing for the CADDC examination?		Y	N
		If yes, please give date:	
Can you work evenings?		How many hours can you work weekly?	
Date available to begin?		Are you seeking part or full-time hours?	
Additional Information			
Have you ever been employed by this organization in the past?			
Have you ever been employed by a Residential Recovery Home or Substance Use Disorder Counselor		If yes, what years and where?	
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?		If yes, please explain.	
Do you have a valid driver's License?	Yes	No	Issued in what state?
Emergency Contact			
Name:		Telephone Number:	
Address:		City, State, Zip:	
Relationship:			

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EDUCATION

Name of High School	Mailing Address	Years Completed	Did you graduate?
			Yes No
	Type of Diploma		

Name of College	Mailing Address	Years Completed	Did you graduate?
			Yes No
	Type of Diploma		

Trade or Technical School	Mailing Address	Years Completed	Did you graduate?
			Yes No
	Type of Certification		

Have you served in the U.S. Armed Forces	Yes No	Dates Served?	Branch
		To: From:	

EMPLOYMENT

Current or last employer	Mailing Address	Start Date	End Date
	Your job title:	Reason for leaving:	

Duties and Responsibilities:

Previous Employer	Mailing Address	Start Date	End Date
	Your job title:	Reason for leaving:	

Duties and Responsibilities:

Previous Employer	Mailing Address	Start Date	End Date
	Your job title:	Reason for leaving:	

Duties and Responsibilities:

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APPLICANT'S STATEMENT

You must read the following statement and agreements and by signing your name, you acknowledge that you have read, understand, agree to all statements and agreements.

I certify that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize investigation of all statements made in this application. I understand and agree that any misrepresentation or omission of fact for any information requested is cause for dismissal regardless of when it is discovered.

I acknowledge that Drexel Counseling Services, Inc., and/or its agents may investigate any information that it believes is business relevant including, but not limited to, employment history, educational background, criminal records, and driving record.

I release any employers and persons named herein from all liability for any and all damages resulting from the furnishing and release of such information. I also authorize my former employers, schools and personal references to provide any information that would be relevant to performing the position they may have regarding me, whether or not it is in their records.

I understand that Drexel Counseling Services, Inc., and Hardin House, Inc., is committed to a drug-free work place. I agree to participate in pre-employment substance abuse testing, the results of which will be provided to Drexel Counseling Services, Inc., and Hardin House, Inc. Satisfactory test results will be a condition of employment.

The undersigned acknowledges that by signing in the space provided below that he/(she) have read the above statements and agreements and understand and agrees to the same.

Date

Print Name:

Date

Sign Name: