



# Christopher Aaron Counseling Center LLC

PLEASE MAIL COMPLETED APPLICATION TO: 67 SHAKER RD, SUITE 7, GRAY, ME 04039  
Phone (207) 657-7700

## APPLICATION FOR EMPLOYMENT

To Applicant: We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

### APPLICANT INFORMATION (Please Print)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Present address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
No. Street City State Zip

Previous address: \_\_\_\_\_  
(If less than 3 years at current) No. Street City State Zip

Position(s) applied for: \_\_\_\_\_

How did you hear about this position vacancy? \_\_\_\_\_

Would you work Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_ Specify days and hours if part-time: \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Have you been convicted of a crime in the past ten years? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes describe  
in full: \_\_\_\_\_

Are you eligible to be lawfully employed in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Proof of citizenship or immigration status will be required upon employment.)

### RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma or Degree
			5	6	7	8		
Elementary								
High			1	2	3	4		
College			1	2	3	4		
Other (Specify)			1	2	3	4		

**MILITARY SERVICE RECORD**

Were you in U.S. Armed Forces? Yes \_\_\_ No \_\_\_ If yes, what Branch? \_\_\_\_\_

Dates of active duty: From: \_\_\_\_\_ To: \_\_\_\_\_ Discharge: Rank \_\_\_\_\_ Type \_\_\_\_\_

**CLINICAL APPLICANTS ONLY**

Has your license to practice ever been suspected or revoked? \_\_\_ Yes \_\_\_ No. If yes, please explain: \_\_\_\_\_

Has your professional practice ever been investigated by a licensing body? \_\_\_ Yes \_\_\_ No

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

**List below all present and past employment, beginning with your most recent**

**1**

Name and Address of previous employer	From	To	Position(s) Held	Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
Tel.#							

**2**

Name and Address of previous employer	From	To	Position(s) Held	Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
Tel.#							

**3**

Name and Address of previous employer	From	To	Position(s) Held	Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
Tel.#							

May we contact the employers listed above? **YES / NO** (Please Circle One). If no, indicate by number which one(s) you do not wish us to contact: \_\_\_\_\_

To the best of my knowledge and belief, the facts set forth above in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

Employment is at will and nothing in this application should be construed to limit the Employer's Right to terminate an employee with or without advance notice or course.