



Christopher Aaron Counseling Center, LLC

Building Belief, Restoring Resilience

26 Main St; PO Box 255

Gray, ME 04039

Tel: (207) 657-7700 Fax: (207) 657-7770

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	_____	_____	5	6	7	8	_____	_____

High	_____	_____	1	2	3	4	_____	_____

College	_____	_____	1	2	3	4	_____	_____

Other (Specify)	_____	_____	1	2	3	4	_____	_____



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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
	M	YR	M	YR					
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
	M	YR	M	YR					
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
	M	YR	M	YR					
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.