

The Guidance Center is an equal opportunity employer and adheres to the principles and practices outlined in the Civil Rights Act of 1964. The Guidance Center considers applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status, non-job-related disabilities, or any other legally protected status. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Please furnish complete and accurate information as no action can be taken until all questions have been answered.

PERSONAL

Name _____ Home Phone(_____) _____
Last First Middle Message/Cell (_____) _____

Address _____
Street City State Zip

Are you over 18 years of age? Yes [] No []

*All clinical positions require employees to be 21 years of age. A.A.C. R9-20-204

If offered employment, can you verify your legal right to work in the U.S.? Yes [] No []

Have you ever pled guilty, no contest or been convicted of a misdemeanor, felony or any crime (excluding minor traffic violations)? Yes [] No []

*Criminal convictions are not an absolute bar to employment. They will only be considered in relation to specific job requirements.

If yes, state the offense, location, date, and disposition _____

Are you willing to take a substance abuse screening at the company's expense? Yes [] No []

If hired, are you willing to take a fingerprint screening? Yes [] No []

* If required for the position

EMPLOYMENT DESIRED

Are you seeking full-time [] part-time [] temporary [] internship [] volunteer []

Position applying for _____ Expected Salary _____

When available? _____ Desired Shift? _____ Relocate? Yes [] No []

Have you previously applied or worked for TGC? *Yes [] No [] *When? _____

How did you learn of our company and/or position? _____

Please name all relatives currently working at TGC _____

Can you perform all functions of the job for which you are applying with or without accommodations? Yes [] No []

If you are applying for a position which requires a drivers license, complete the following:

State: _____ License #: _____ Class: _____

Why are you interested in working for our company and what do you feel qualifies you for the position in which you are applying? _____

EMPLOYMENT EXPERIENCE

List your employment history starting with your current or most recent employer. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Name of Employer		Name and Title of Supervisor	
Street Address, City, State, Zip Code		Telephone Number	
Date Employed From Mo/Yr	Date Employed To Mo/Yr	Starting Salary	Ending Salary
Job Title and Duties		Nature of Business	
Reason for Leaving			

Name of Employer		Name and Title of Supervisor	
Street Address, City, State, Zip Code		Telephone Number	
Date Employed From Mo/Yr	Date Employed To Mo/Yr	Starting Salary	Ending Salary
Job Title and Duties		Nature of Business	
Reason for Leaving			

Name of Employer		Name and Title of Supervisor	
Street Address, City, State, Zip Code		Telephone Number	
Date Employed From Mo/Yr	Date Employed To Mo/Yr	Starting Salary	Ending Salary
Job Title and Duties		Nature of Business	
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Name of Employer		Name and Title of Supervisor	
Street Address, City, State, Zip Code		Telephone Number	
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Job Title and Duties		Nature of Business	
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Name of Employer		Name and Title of Supervisor	
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Job Title and Duties		Nature of Business	
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Name of Employer		Name and Title of Supervisor	
Street Address, City, State, Zip Code		Telephone Number	
Date Employed From Mo/Yr	Date Employed To Mo/Yr	Starting Salary	Ending Salary
Job Title and Duties		Nature of Business	

EDUCATION

EDUCATION	LEVEL COMPLETED	SCHOOL CITY/STATE	GRADUATE	DIPLOMA/DEGREE	GPA
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>		
College			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Graduate			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>		

PRACTICUM, INTERNSHIPS, AND RESIDENCIESIf NOT Applicable, Check Here

DATES	INSTITUTION	ADDRESS	DESCRIBE NATURE OF EXPERIENCE

LICENSES/CERTIFICATIONS/REGISTRATIONIf NOT Applicable, Check Here

DISCIPLINE	ISSUED/EXPIRED	STATE	CURRENT

ADDITIONAL QUALIFICATIONSDo you speak any foreign languages? Yes No If yes, which language(s) _____

*As required for the position you are seeking

What office machines do you operate and years of experience? _____

Specify Computer Software and/or Languages you operate. _____

List Professional Organizations, Affiliations, Honors and Dates. _____

List any other qualifications that would be applicable for the job you are applying for.

PROFESSIONAL REFERENCES

List 3 references (not relatives or friends) that can describe your work ethic and past performance. If you are a recent college graduate, professors and faculty advisors are helpful.

NAME	RELATION	OCCUPATION	PHONE NUMBER

PROFESSIONAL HISTORY

If any of the following questions is answered "yes", please give full details on a separate sheet of paper and attach. Answering "yes" to any of the following questions does not automatically disqualify your application. Each offense will be evaluated as to the gravity, time passed since offense, and nature of the job sought.

Has your membership in any professional organization ever been denied, investigated, suspended, or revoked; or is any such action pending? Yes No Not Applicable

Has a renewal of any of your professional memberships been denied? Yes No Not Applicable

Have you ever been subject to any disciplinary proceedings by a professional association or organization; or is any such action pending? Yes No Not Applicable

Have any of your licenses, certificates, or registrations to practice any profession in any jurisdiction ever been investigated, suspended, restricted, or revoked? Yes No Not Applicable

Is any action currently pending to investigate, suspend, restrict, or revoke any of your licenses, certifications, or registrations? Yes No Not Applicable

Has your narcotics registration certificate ever been limited, suspended, or revoked? Yes No Not Applicable

Have you had any malpractice claims filed against you within the past ten years, or are any currently pending? Yes No Not Applicable

AGREEMENT

I certify that the answers given by me in this application are true and correct and I understand that any omitted, misleading or incorrect statements may render this application void, and if employed, would be cause for my termination. I further agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this application.

This release and authorization acknowledges that TGC and affiliated agencies or contractors may now, or at any time while I am employed, conduct a verification of the contents of this application including my education, previous employment/work history, credit history, motor vehicle records, contact references, and receive any criminal history record information pertaining to me which may be in the files of any Federal, State, County, or Local criminal justice agency and/or other information as deemed necessary to fulfill the job requirements. I further authorize all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, military services, references, and former employers to release information in connection with this application and forever release and discharge TGC, affiliated agencies, contractors, and all persons or organizations contracted by TGC to the full extent permitted by law from any claims, damages, losses, liabilities, costs, and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report. I understand that the results of this verification process will be used to determine employment eligibility under TGC's recruitment and employment policies.

I understand that if offered employment, the offer will be contingent upon my meeting all fingerprint, health screenings, employment verifications, reference, and background checks, and certification requirements, as applicable, and refusal to provide such information is automatic grounds for termination of my employment.

If employed, I agree to abide by all company policies and procedures and will execute certain other agreements with TGC (including agreements regarding trade secrets, confidential information, and conflict of interest).

I acknowledge that if employed, my employment does not constitute any contractual relationship, and is of an "at will" nature, which means that I may resign at any time, or that TGC (or affiliated agencies, if they are my actual employer) may terminate me at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any verbal or written document or other contract unless such change is specifically stated in writing by an authorized TGC, representative (or affiliated agency) Human Resources Director, AND Chief Executive Officer.

I agree that, if I am employed by TGC, as conditions of my continued employment by TGC, I will furnish proof of my lawful right to work in the United States.

Applicant Signature: _____ Date: _____