

Apollo Counseling and Resource Center, LLC
Application for Employment

Name: _____ Date: _____
Position Applying for: _____ Desired Wage: _____
Date Available: _____ Seeking Clinical Supervision: YES NO

Address: _____ Phone: _____
City, State, Zip: _____ Email: _____
Applying for: Full-time Part-time PRN Contract Hours available : Day Evening Overnight
Days Available: Su Mo Tu We Th Fr Sa May we contact your present employer?

I understand that answering the following questions do not disqualify me for consideration of employment.

- Have you ever been listed on any State’s Child or Dependent Adult Abuse Registry?
- Have you ever had your professional license suspended or revoked by the governing board?
- Have you ever been convicted or reported for Medicaid Fraud?

If you have answered “yes” to any of these questions, please provide explanation.

PLEASE BE SURE TO FILL OUT, SIGN AND INCLUDE RELEASES FOR CRIMINAL, CHILD, AND ADULT BACKGROUND CHECKS AT THE END OF THIS FORM. APPLICATIONS MISSING THESE ITEMS WILL NOT BE CONSIDERED FOR EMPLOYMENT.

Employment History: Please list the last 7 years of Employment starting with current or most recent. If you have attached a Resume please state: “See Resume” on the first line. If more room is needed please attach a separate sheet.

Employer:	Position:	Wage:
Contact:	Phone:	Duration:
Employer:	Position:	Wage:
Contact:	Phone:	Duration:
Employer:	Position:	Wage:
Contact:	Phone:	Duration:
Employer:	Position:	Wage:
Contact:	Phone:	Duration:

Are you at least 18 years old, or will be at the time of Employment?	YES	NO
Do you have reliable transportation to meet the demands of the position you are applying for?	YES	NO
Do you meet the minimum Education Requirements of the positions you are applying for?	YES	NO
Are you willing to sign an Employment Agreement for Ethical Practice Guidelines?	YES	NO

Education and Training Please list all Educational institutions, degrees, and training or specialty certifications you currently hold.

School/Program:	Degree/Certification:	Attendance:
		Graduated:
School/Program:	Degree/Certification:	Attendance:
		Graduated:
School/Program:	Degree/Certification:	Attendance:
		Graduated:
School/Program:	Degree/Certification:	Attendance:
		Graduated:

On the back of this application or in a separate attached document please answer the following questions:

1. What is your definition of “Recovery”?
2. What strengths will you be bringing to the organization?
3. What causes stress for you, and how do you handle that stress?
4. Where do you see yourself in the next 5 years?

Certification of Application

I hereby certify that all information reported in this Application for Employment is true to the best of my knowledge and abilities and I have not omitted any required information about my employment history and education. I also certify that I understand that omission or false reporting of such information in any way will disqualify me from consideration of employment. If I have obtained employment based on inaccurate information given I understand I may be terminated from my position.

Signature of Applicant

Date

Consent and Acknowledgement to Criminal, IDOT, and DHS Abuse Background Check

I consent and acknowledge that due to the nature of work and State of Iowa laws and Administrative Codes that Apollo Counseling is required to conduct Criminal, IDOT, and DHS Abuse background checks prior to any offer of employment. I do understand that charges and conviction of any crime does not immediately disqualify me from employment unless specifically related to the job or any of the programs within Apollo's practice. This information will be collected by Apollo and retained in a secure and confidential employee file and will not be re-disseminated for any other purposes. I also acknowledge that I have the right to see any reports obtained by Apollo from the stated agencies. Apollo will allow any potential applicant to offer explanation and further research if the results are questionable or felt to be a mistake by the State agencies, but until this can be completed employment and training will not commence. I also understand, and agree, that throughout my employment with Apollo, if offered and accept a position, that I authorize Apollo the right to conduct random background checks to ensure compliance and updates to employee files as needed for review and State Requirements. If any new or derogatory information is found, I will be given the opportunity to review these files and submit a letter of explanation. I also understand that if any negative information is found that is directly related to my position and any of Apollo's programs could result in suspension up to termination.

First Middle Last DOB

SS# Sex Maiden Name/Alias

Address City/State/zip

Driver's License # and State Date of Exp.

I understand that my signature authorizes the requestor to obtain information to verify whether or not I am named on Iowa's Criminal, Sex Offender, and Child and Dependent Adult Abuse Registries and to collect records from IDOT. I understand that this information will be obtained only for the purposes stated in the Iowa Administrative Code and will not be used in any other fashion. To the best of my knowledge all of the information provided above is true and accurate. I understand that any misreporting of information and identity will result in immediate termination and criminal charges when necessary.

Signature Date