**Employment Application for Counselors**

First Name:       Last Name:

Address:

City:       State:       Zip:

Home Phone:       Cell Phone:

E-Mail:

**LICENSING INFORMATION**

Please list the information for your license(s) below:

|  |  |  |  |
| --- | --- | --- | --- |
| Type of License | State | Date of Issue | Expiration Date |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

Do you have a license pending?

Have you ever had a malpractice complaint/claim/suit filed against you?

If yes, what were the circumstances?

How was it resolved?

Was any disciplinary action(s) taken?

Have you ever been denied a professional license and/or certificate?

Have you ever had a professional license and/or certificate revoked, suspended or denied?

If yes, list type of license/certificate, issuing state, action taken and reason for action:

Have you ever voluntarily surrendered a professional license or certificate?

If yes, list type of license/certificate, issuing state, date of surrender and reason for

surrender:

Have you ever been convicted, pled guilty, or nolo contendere to any misdemeanor or felony other than juvenile offenses or minor traffic violations?

If yes please explain:

**EDUCATION and TRAINING**

Please list the information for your degrees below (please include undergraduate degrees as well):

|  |  |  |
| --- | --- | --- |
| Degree Earned | Educational Institution | Date Received |
|       |       |       |
|       |       |       |
|       |       |       |

Please list recent Continuing Education Units, trainings, certifications below:

|  |  |  |
| --- | --- | --- |
| **CEU, Training or Certification** | **Date** | **Conference or Presenter** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

**SUPERVISION EXPERIENCE**

Please list the information regarding your experience of supervision below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Supervisor** | **Supervisor’s Credentials** | **Supervisor’s Therapeutic Model** | **Duration**  | **# of Hours** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

Please describe two examples of something you gained through supervision.

1)

2)

Could anything have improved your previous supervisory experiences?

Please describe two examples of constructive feedback that you received during supervision?

How did you experience this feedback?

May we contact your supervisors?

If yes, please provide contact information, including email addresses below:

**REFERENCES**

Please provide at least three (3) references, with contact information (including email address), who can speak to your qualifications as a professional counselor or marriage and family therapist. At least one clinical supervisor must be included as a reference.

**DIDACTIC COUNSELING**

Were you required to participate in didactic counseling (i.e. personal counseling for the purposes of counselor formation and learning) as a part of your graduate program?

If so, how did your experience of didactic counseling influence you as a counselor?

**THEORETICAL ORIENTATION**

Please describe your theoretical orientation:

Why do you prefer this model?

FAITH INTEGRATION

How do you integrate faith into your practice of counseling?

COMMUNICATION STYLE

What is your Myers Briggs Type?       Year taken?

What is your Enneagram number?

How would you describe your communication style?

**SERVICES CAPACITY/INTEREST**

How many hours of counseling services are you interested in providing per week?

How flexible is the number of counseling hours?

Are there any days or times of day that you prefer not to provide counseling services?

Counselors at One:12 have a specialty area that they develop with us. Do you have a specialty area and if so, please share more about it?

One:12 also has couples and children that often reach out for counseling.  Because of the need, we also offer additional training and support for either of these populations.  Are you interested in either of these areas and if so, please speak more to it?

What other types of clients and/or counseling services are you interested in working?

Are there clients or modalities for which you are not willing to offer your services? If yes, please explain:

Why are you interested in working at One:12?

Once you have completed this application, please email it **along with your resume** to: employment@one12counseling.com