



**EMPLOYMENT APPLICATION**  
For Clinical Service Positions

*ATLAS is an Equal Opportunity Employer and a drug and alcohol-free workplace.*

*The Age Discrimination in Employment Act of 1967 prohibits employment discrimination against persons 40 years of age or older.*

|                             |  |             |  |
|-----------------------------|--|-------------|--|
| <b>Position Applied for</b> |  | <b>Date</b> |  |
|-----------------------------|--|-------------|--|

**PERSONAL INFORMATION**

|  |   |              |               |
|--|---|--------------|---------------|
| Name   |   |              |               |
|  | <i>Last</i>   | <i>First</i> | <i>Middle</i> |
| Address<br><i>(Street, City, State, Zip)</i> |   |              |               |
| Preferred Telephone                          | <input type="checkbox"/> Home <input type="checkbox"/> Cell | No.:         |               |
| Email address                                |   |              |               |
| Referred by                                  |   |              |               |

Are you a U.S. citizen?  Yes  No

If No, are you otherwise authorized to work in the U.S.? (You will be required to provide documentation)  Yes  No

Have you ever been convicted of a felony?  Yes  No

Have you ever applied with ATLAS before?  Yes - date: \_\_\_\_\_  No

**EDUCATION**

|                 | Name and Location of School | Date Graduated | Major | Degree |
|-----------------|-----------------------------|----------------|-------|--------|
| High School     |                             |                |       |        |
| College         |                             |                |       |        |
| Graduate School |                             |                |       |        |
| Other           |                             |                |       |        |

Other special training, certifications, or associations relevant to this position. Please list any professional licenses or registrations you hold in the State of Virginia, including license/registration numbers.

**EMPLOYMENT HISTORY**

List below your last four employers, starting with the current or last one first. ATLAS Counseling Center, Inc. will need to contact these employers to verify the statements made in regards to clinical experience with relevant populations. You may list any supervised internships, practicum and field experience obtained as part of a college degree program.

|   |  |                    |                       |               |  |
|---|--|--------------------|-----------------------|---------------|--|
| <b>Position Title</b>   |  |                    |                       |               |  |
| Start Date (mm/yyyy)  |  | End Date (mm/yyyy) |                       | Ending salary |  |
| <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other: |  |                    | No. of hours per week |               |  |

|  |  |            |  |
|--|--|------------|--|
| Company Name   |  |            |  |
| Address  |  |            |  |
| Supervisor Name (including any credentials)  |  |            |  |
| Phone  |  | Fax Number |  |
| Do the duties of this position include clinical treatment of individuals with mental health or substance use disorders? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |            |  |
| Summary of duties and responsibilities (identify population(s) served and relevant clinical experience, if any):   |  |            |  |
|  |  |            |  |
|  |  |            |  |
| Reason for leaving   |  |            |  |

|  |  |                       |               |
|--|--|-----------------------|---------------|
| <b>Position Title</b>  |  |                       |               |
| Start Date (mm/yyyy)   |  | End Date (mm/yyyy)    | Ending salary |
| <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other:  |  | No. of hours per week |               |
| Company Name   |  |                       |               |
| Address  |  |                       |               |
| Supervisor Name (including any credentials)  |  |                       |               |
| Phone  |  | Fax Number            |               |
| Do the duties of this position include clinical treatment of individuals with mental health or substance use disorders? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                       |               |
| Summary of duties and responsibilities (identify population(s) served and relevant clinical experience, if any):   |  |                       |               |
|  |  |                       |               |
|  |  |                       |               |
| Reason for leaving   |  |                       |               |

|  |  |                       |               |
|--|--|-----------------------|---------------|
| <b>Position Title</b>  |  |                       |               |
| Start Date (mm/yyyy)   |  | End Date (mm/yyyy)    | Ending salary |
| <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other:  |  | No. of hours per week |               |
| Company Name   |  |                       |               |
| Address  |  |                       |               |
| Supervisor Name (including any credentials)  |  |                       |               |
| Phone  |  | Fax Number            |               |
| Do the duties of this position include clinical treatment of individuals with mental health or substance use disorders? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                       |               |
| Summary of duties and responsibilities (identify population(s) served and relevant clinical experience, if any):   |  |                       |               |
|  |  |                       |               |
|  |  |                       |               |
| Reason for leaving   |  |                       |               |

|  |  |                    |                       |               |  |
|--|--|--------------------|-----------------------|---------------|--|
| <b>Position Title</b>  |  |                    |                       |               |  |
| Start Date (mm/yyyy)   |  | End Date (mm/yyyy) |                       | Ending salary |  |
| <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other:  |  |                    | No. of hours per week |               |  |
| Company Name   |  |                    |                       |               |  |
| Address  |  |                    |                       |               |  |
| Supervisor Name (including any credentials)  |  |                    |                       |               |  |
| Phone  |  |                    | Fax Number            |               |  |
| Do the duties of this position include clinical treatment of individuals with mental health or substance use disorders? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                    |                       |               |  |
| Summary of duties and responsibilities (identify population(s) served and relevant clinical experience, if any):   |  |                    |                       |               |  |
|  |  |                    |                       |               |  |
|  |  |                    |                       |               |  |
| Reason for leaving   |  |                    |                       |               |  |

Requested Salary: \_\_\_\_\_

Do you have any allergies or other limitations which would prevent you from working in households with pets or other allergenic environments?    Yes (list): \_\_\_\_\_    No

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**PROFESSIONAL REFERENCES**

Please provide three professional references that can be contacted by ATLAS.

| Name | Position | Address | Phone |
|------|----------|---------|-------|
|      |          |         |       |
|      |          |         |       |
|      |          |         |       |

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**Acknowledgement:**

I certify that all information provided by me on this application is true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts is cause for dismissal. I authorize employment and reference checks and verification of all statements contained in this application. I understand that submission of this application is not a guarantee of employment or considered an offer of employment. I understand that employment at this company is "at will" and may be terminated at any time by myself or the company for any reason not prohibited by law, with or without prior notice.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY**

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Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Hired: Yes \_\_\_\_\_ No \_\_\_\_\_ Date Hired: \_\_\_\_\_

**REMARKS:** \_\_\_\_\_