



Cord of 3

Counseling Services, Inc.

Employment Application

PO Box 1176 Blackshear, GA 31516
(912) 282-0992/Phone ~ (912) 285-8817/Fax

Cord of Three provides Christ-centered services that will impact, protect, and preserve the God ordained institution of the family.

Personal Information (Please Print or Type) Date of Application: _____

Name: _____
Last First (nickname) Middle

Address: _____
Street City State Zip

Daytime Phone Number: () _____ Home Work Cell

Nighttime Phone Number: () _____ Home Work Cell

E-Mail Address: _____ Social Security #: _____

Date of Birth: ___/___/___ Sex: _____ U.S. Citizen? Yes No

Driver's License Number: _____ State: _____

Emergency Contact: _____
Name Relationship Phone #

If hired, on what date could you begin work? _____

How did you hear about this position? _____

Position Applying For: Counselor Family Life Specialist Clinical Psychologist
 Life Coach Volunteer Counselor Internship

Marital Status: Single Married Re-married Widowed Divorced Separated

If Married, for how long? _____

If you are or have been divorced or are separated, please explain the situation.

If married, Spouses name: _____

Do you have children? Yes No

If you do have children, please list the information below:

Child's Name	Age	Gender

Please share your goals and values for your own family.

Education

Please list background education, starting with most recent

	Name/Location of School	Diploma/Degree	Major/Minor	Graduated?
High School				
College/University				
College/University				
Other				

Other educational experiences (workshops, seminars, etc.), dates attended.

With what professional organizations are you currently affiliated? Please list.

Are you licensed or certified by your state mental health governing board? Yes No

If so, what type of license or certification?

License or certification number and expiration date:

If not licensed, are you currently pursuing licensing?

Estimate Completion Date:

Any other certifications not listed above? Yes No

If yes, what kind?

Are you a member of the American Association of Christian Counselors (AACC)?

Yes No

If so, have you reviewed the Law and Ethics Code of the AACC? Yes No

(For more information call 1-800-526-8673)

Why did you choose counseling as a profession?

Why are you choosing to pursue a career in Christian counseling at this time?

Church Affiliation - Current

Church of Membership: _____

Pastor's Name: _____ Phone #: _____

Number of years you have attended this church: _____

Tell us about your spiritual walk with the Lord:

List current or past ministry responsibilities (e.g., pastor, youth director, Sunday school teacher, elder)

Do you have any way to have regular "accountability" of your work and ministry? Please explain. (e.g. weekly or monthly supervision, discussion with other therapist(s) or pastor)

Counseling Preferences (Counselors Only)

What types of clients do you counsel? (age, marital status, sex)

Specialties

In which of the following areas do you feel ESPECIALLY qualified?

- | | | | |
|--------------------------|---------------------------------|--------------------------|---|
| <input type="checkbox"/> | ACOA | <input type="checkbox"/> | Marriage |
| <input type="checkbox"/> | Attention Deficit Disorder/ADHD | <input type="checkbox"/> | Mediation |
| <input type="checkbox"/> | Adoption | <input type="checkbox"/> | Mid-Life Crisis |
| <input type="checkbox"/> | Anxiety | <input type="checkbox"/> | Missionary Re-Entry |
| <input type="checkbox"/> | Anger Management | <input type="checkbox"/> | Obsessive/Compulsive Disorder |
| <input type="checkbox"/> | Assessment/Testing – Type? | <input type="checkbox"/> | Parenting |
| <input type="checkbox"/> | Bi Polar Disorder | <input type="checkbox"/> | Pastors' Families |
| <input type="checkbox"/> | Career | <input type="checkbox"/> | Phobias |
| <input type="checkbox"/> | Children | <input type="checkbox"/> | Play Therapy |
| <input type="checkbox"/> | Child/Physical Abuse | <input type="checkbox"/> | Post-Abortion |
| <input type="checkbox"/> | Chronic Pain | <input type="checkbox"/> | Post-Traumatic Stress |
| <input type="checkbox"/> | Crisis Counseling | <input type="checkbox"/> | Pregnancy |
| <input type="checkbox"/> | Depression | <input type="checkbox"/> | Pre-Marital |
| <input type="checkbox"/> | Disabilities | <input type="checkbox"/> | Prison/Probation |
| <input type="checkbox"/> | Dissociative Identity Disorder | <input type="checkbox"/> | Psychosis/Severe Mental Illness |
| <input type="checkbox"/> | Divorce Recovery | <input type="checkbox"/> | Rape Recovery |
| <input type="checkbox"/> | Domestic/Family Violence | <input type="checkbox"/> | Ritual Abuse |
| <input type="checkbox"/> | Eating Disorders | <input type="checkbox"/> | Sexual Abuse |
| <input type="checkbox"/> | Family | <input type="checkbox"/> | Sexual Problems |
| <input type="checkbox"/> | Finances | <input type="checkbox"/> | Singleness |
| <input type="checkbox"/> | Gender Identity Issues | <input type="checkbox"/> | <input type="checkbox"/> Spanish Speaking |
| <input type="checkbox"/> | Grief | <input type="checkbox"/> | Spiritual Issues |
| <input type="checkbox"/> | HIV/AIDS | <input type="checkbox"/> | Suicide/Suicidal |
| <input type="checkbox"/> | Homosexual Issues | <input type="checkbox"/> | Teenagers |
| <input type="checkbox"/> | Learning Disabilities | <input type="checkbox"/> | Women's Issues |
| <input type="checkbox"/> | Life Coaching | | |

Addictions:

- Alcohol
 Drugs
 Gambling
 Internet/Chat Rooms
 Sexual Addiction/Pornography

Geriatrics:

- Adult Children Relationships
 Alzheimers/Dementia
 Grandparenting

Do you have any specialties not listed? If so, what are they?

What issues do you prefer **NOT** to treat?

Liability/Malpractice

One of our requirements is that you carry Liability/Malpractice insurance.

*****PLEASE INCLUDE A COPY OF YOUR LIABILITY/MALPRACTICE INSURANCE*****

Do you carry malpractice insurance? Yes No

If not, why?

Have you ever been denied malpractice insurance? Yes No

If yes, explain:

Have you ever had a malpractice claim/suit filed against you? Yes No

If yes, what were the results of the findings?

Were there any disciplinary actions taken? Yes No

If yes, explain.

By which agencies/government, agencies/professional?

Theoretical Views

(Please be thorough in your responses, attach separate pages if necessary)

What is your theoretical basis for counseling? Please be specific

Do you integrate biblical precepts and truths with psychological theories in counseling?
If so, how?

How do you use prayer/scriptures in counseling?

How do you see the church fitting into the counseling process?

What is your view of the Lord in the healing process?

How do you determine when a client is ready to terminate/graduate from counseling?

What Christian leader/author has **most** influenced you?

Spiritual

(Please be thorough in your responses, attach separate pages if necessary)

What is your definition of a Christian? How does one become a Christian?

How would you describe your relationship with Jesus Christ?

What is your basic view of scripture?

Responsibilities: _____

Reason for leaving: _____

Associates and Colleagues – Letters of Reference

Please list below 5 references who can attest to work ethics, character, and your Christian walk. The first reference must be the pastor of the church of your membership, the second reference must be from your most recent employer and the third reference (if you are applying for a counselor position) must be from your most recent clinical supervisor. Otherwise, at least two must come from colleagues who are familiar with your professional work and the remaining two can be close associates or colleagues (professional, educational, or personal). ***Please complete this section, do not respond with “references available upon request.”***

<i>Name</i>	<i>Company/Title</i>	<i>Address/Phone #</i>	<i>Years Known</i>
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1. _____

2. _____

3. _____

4. _____

5. _____

Cord of Three Statement of Faith

We believe the Bible to be the inspired, inerrant, authoritative Word of God. We believe that there is one God, eternally existent in three (3) persons – Father, Son, and Holy Spirit. We believe in the deity of Christ, in His virgin birth, in His sinless life, in His atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory. We believe that, for the salvation of sinful people, regeneration by the Holy Spirit is absolutely essential and solely the work of God. We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a life reflective of the commandments of God. We believe the scriptures of the Old and New Testaments to be the inspired Word of God and are the final authority in the life of man. We believe that the scriptures, alone, are to govern God’s People both in faith and practice. We believe in the spiritual unity of believers in our Lord Jesus Christ.

Without mental reservation, I hereby subscribe to the above Statement of Faith.

Signature Printed Name Date

Other Information

If you have been convicted, pled guilty, or pled “no contest” or “nolo contendere” to an offense other than a minor traffic violation, give date, offense, court and sentence:

Is there any reason why you might be unable to perform the duties of the position for which you are applying? If so, please explain:

Applicant Disclaimer

The answers I have given in this application are true, accurate and complete. I understand and agree that any false statements contained herein will be sufficient cause to remove my name from consideration for employment. I further understand and agree that, if employed, any false statements given above will be sufficient cause for dismissal without any obligation or liability to me other than payment, at the agreed upon rate, for services actually rendered.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite time period. If employed, I understand that I have been hired at will of the employer and that my employment may be terminated at any time, with or without cause and with or without notice. I understand that no employee or representative of Cord of Three, other than the Executive Director, has any authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to the foregoing. Further, the Executive Director may not alter the at-will nature of the employment relationship unless done so specifically in writing.

 Signature

Printed Name

Date

Consent to Background Investigation

Cord of Three certifies that all reports, whether oral or written, will be kept strictly confidential and, except as required by law, information will only be revealed to the applicant or person whose duty requires him or her to participate in the decision for the transaction for which the report was ordered. Cord of Three further certifies that the purpose of the investigation is very limited in scope and information received will be used for the sole purpose of making a determination regarding the qualifications of an individual for employment purposes, which term includes initial employment, promotion, reassignment, or retention as an employee.

I, _____, hereby authorize Cord of Three and/or its agents to make an independent investigation of my background, references, character, credit history, criminal or police records, including those maintained by both public and private organizations, and all public records for the purpose of confirming the information

contained on my application and/or obtaining other information which may be material to my qualifications for employment.

I release Cord of Three and/or its agents and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims, or lawsuits regarding the information obtained from any and all of the above-referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Full Name (printed)

Maiden Name or Other Name Use

Social Security # of Applicant

Signature

Date

Other Items Required

Please include a copy of the following items with this application:

- Degree Certificate
- Driver's License
- Social Security Card
- Professional Licensure
- Resume

Please return to:

Cord of Three Counseling Services, Inc.
 PO Box 1176 ~ Blackshear, Georgia 31516
 (912) 282-0992/Phone ~ (912) 285-8817/Fax
Attn: Executive Director

THANK YOU FOR COMPLETING THIS APPLICATION

**Cord of Three Counseling Services, Inc.
 Clay D. Gill, Executive Director**