

**Application for Employment**  
I Matter Counseling & Empowerment Services, Inc.  
IMCES

Date: \_\_\_\_\_

I. Application Information

CONFIDENTIAL

Name \_\_\_\_\_

(Last)

(First)

(Middle)

Present Address \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Phone \_\_\_\_\_ / \_\_\_\_\_ E-mail \_\_\_\_\_

(Home)

(Work or Cell)

Are you at least 18 years old? Yes  No

Are you legally eligible for employment in the U.S.? Yes  No  (Proof will be required)

The position for which you are applying may require you to drive. Do you have a valid driver's license? Yes  No  Do you have use of a car for work? Yes  No

Is auto insurance currently in force? Yes  No

II. Position Information

Position(s) applied for: \_\_\_\_\_ Expected Salary: \$ \_\_\_\_\_

Employment being sought: Full-time  Part-time  Temporary  PRN

Are you presently employed? Yes  No  Date available for work: \_\_\_\_\_

Are you willing to work flexible hours (evenings, Saturdays, and Sundays) if required by the job? Yes  No

How were you referred to IMCES? Advertisement  Colleague / Friend  Other \_\_\_\_\_

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III. Education and Training

School	Name / Location	Major	Years Completed	Degree / Diploma
High School / GED				
College / University				
College / University				
Other				

IV. Licensure / Certification

Type of License	State	License #	Expiration Date

V. Additional Qualifications and Awards

List other skills, qualifications, training, and / or awards related to the position for which you are applying: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**VI. Employment History**

<b>Last / Present Employer:</b>		<b>Employed From:</b>
<b>To:</b>		<b>To:</b>
Address: _____	Telephone: _____	Employment Status:
City: _____	State: _____ Zip: _____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp
		<input type="checkbox"/> PRN
Position Title: _____		Salary: _____
Supervisor: _____		Per _____
Job Duties: _____		
May we contact employer?	If no, explain:	Reason for leaving:
Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Previous Employer:</b>		<b>Employed From:</b>
<b>To:</b>		<b>To:</b>
Address: _____	Telephone: _____	Employment Status:
City: _____	State: _____ Zip: _____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp
		<input type="checkbox"/> PRN
Position Title: _____		Salary: _____
Supervisor: _____		Per _____
Job Duties: _____		
May we contact employer?	If no, explain:	Reason for leaving:
Yes <input type="checkbox"/> No <input type="checkbox"/>		

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<b>Previous Employer:</b>		<b>Employed From:</b>
Address: _____ Telephone: _____		<b>To:</b>
City: _____ State: _____ Zip: _____		Employment Status: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> PRN
Position Title: _____		Salary: _____
Supervisor: _____		Per _____
Job Duties:   		
May we contact employer?  Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, explain:  	Reason for leaving:  

Have you ever been discharged or terminated from a position? Yes       No

If yes, please explain: \_\_\_\_\_

<b>FOR PROFESSIONAL STAFF ONLY</b>
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Has any licensing board of professional ethics body required you to surrender your license or found you in violation of ethics codes, professional misconduct, unprofessional conduct, incompetence, or negligence in any state or country? Yes       No

If Yes, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

Are there any charges, complaints, investigations, or legal actions pending against you by any licensing board or professional ethics body for alleged violations of ethics codes, professional misconduct, unprofessional conduct, incompetence, or negligence in any state or country?  
 Yes       No

If Yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

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Have you ever been sued for professional malpractice or negligence? Yes  No

If Yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**VII. References (other than immediate supervisors)**

Name	Address	Phone #	Relationship	May we Contact?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

It is the policy of I Matter Counseling & Empowerment Services, Inc. to keep employment applications, references, and resumes confidential. These materials will be destroyed after the minimum hold time required by law. I hereby certify that all answers and statements made on this application are complete and true to the best of my knowledge. I understand that any misleading, incorrect and / or omission of information may cause this application to be rejected and / or may be considered cause for dismissal after employment. I understand that an offer of employment is conditioned upon completion of all pre-employment requirements and procedures, including interview(s), background checks, reference checks, and completion of a pre-employment physical (if required). I authorize representatives of IMCES to investigate and verify any information contained in this application, including but not limited to, my police record and hereby release representatives of IMCES and any person or entity contacted by IMCES's representatives, from any and all liability resulting from this investigation and / or verification. I understand that my employment is not for any definite term and may be terminated at any time, that my employment is subject to such personnel practices or policies and changes therein as IMCES may from time to time adopt and / or apply to my employment, and that my employment is subject to layoff and my compensation to adjustment, as my employer may determine. If employed, I agree to abide by all IMCES's rules, regulations, policies, and procedures or changes therein.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Parent

\_\_\_\_\_  
 Date

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VIII. Professional Staff: See Release of Information

<b>FOR HUMAN RESOURCES DEPARTMENT USE ONLY</b>		
Date Interviewed	Position	Comments