

# APPLICATION FOR EMPLOYMENT

Lutheran Counseling Network is an Equal Opportunity Employer. Qualified applicants receive consideration for employment without discrimination on any basis protected by applicable federal, state or local law. Applicants who need accommodation when engaged in the application process should inform Lutheran Counseling Network. As a religious organization, this ministry is permitted and reserves the right to prefer employees on the basis of religion. Title VII, Section 702-703, vs. Civil Rights Act of 1964

Answer each question **completely**. A resume may be attached, but **does not** replace completion of this application.

Position Applied For:	Date of Application:
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NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Street City State, Zip

HOME PHONE \_\_\_\_\_ MESSAGE PHONE \_\_\_\_\_

How did you learn about this position? \_\_\_\_\_

## EDUCATION/PROFESSIONAL TRAINING

	High School	Undergraduate	Graduate/Professional
School Name & Location			
Years Completed	9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Diploma/Degree			<small>Please indicate month &amp; year earned</small>
Describe Field of Study			
Describe any specialized training, apprenticeship, skills and extra-curricular activities:			
Describe any honors you have received			
<b>Are you a Washington State Licensed Counselor?</b>			
<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	License # _____	

## Clinical Experience

1. Field work, practicum, internship, etc.

Organization & Phone	From	To	Immediate Supervisor
Describe Your Learning Experience			

2. Post-Master's clinical experience (attach additional sheets if necessary)

Organization & Phone	From	To	Immediate Supervisor
Describe Your Learning Experience			

Total number of years Post Masters' experience? \_\_\_\_\_ Post Doctoral experience? \_\_\_\_\_

## Other Educational Experiences

List any courses, seminars, institutes, workshops, etc. for the past three (3) years (Attach additional sheets if necessary)

Class Name	Sponsoring Organization	Date
1.		
2.		
3.		
4.		

## Professional Organizations and Associations

Please list any professional groups or organizations to which you belong and certification level.

1.	3.
2.	4.

What specific problems and client groups are you experienced in dealing with?


## Group Education and Training - List all group coursework or training you have completed.

Course Title	Institution	Date Taken /Credits/Hrs. Earned
1.		
2.		
3.		
4.		

List any certifications you have that apply specifically to group work.


## Employment Experience

Start with your present or most recent job

1.

Employer	Dates Employed		Work Performed
Address	From:	To:	
	Hourly Rate/Salary		
Phone Number(s)	Starting	Final	
Job Title			
Supervisor's name and title			
Reason for Leaving	May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

2.

Employer	Dates Employed		Work Performed
Address	From:	To:	
	Hourly Rate/Salary		
Phone Number(s)	Starting	Final	
Job Title			
Supervisor's name and title			
Reason for Leaving	May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

3.

Employer	Dates Employed		Work Performed
Address	From:	To:	
	Hourly Rate/Salary		
Phone Number(s)	Starting	Final	
Job Title			
Supervisor's name and title			
Reason for Leaving	May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

4.

Employer	Dates Employed		Work Performed
Address	From:	To:	
	Hourly Rate/Salary		
Phone Number(s)	Starting	Final	
Job Title			
Supervisor's name and title			
Reason for Leaving	May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

**If you need additional space, please continue on a separate sheet of paper.**

### Office Skills

**(Where applicable, specify software or system)**

<input type="checkbox"/> Word processing _____	<input type="checkbox"/> Insurance billing _____
<input type="checkbox"/> Spreadsheet _____	<input type="checkbox"/> Bookkeeping _____
<input type="checkbox"/> Database _____	<input type="checkbox"/> Other _____

### Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience which you feel would be helpful to us in evaluating your ability to perform in this position.

### Volunteer Experience/Activities

(You may exclude activities that disclose the race, color, national origin, sex, age, religion, marital status, sexual orientation, veteran status, or disabilities of members)

Organization	From	To	Duties & Responsibilities

### U.S. Military Service

Branch of Service	Date In	Date Out	Where Served	Specialty

### References

List three work references who are not related to you. **Please include their addresses and/or phone numbers.**

1.
2.
3.

If you are ordained clergy, please provide name, address and phone number of your judicatory official (Bishop, President, etc), who can serve as an additional reference concerning your standing in your denomination.

1. Are you presently employed? Yes  No
2. Do you have any responsibilities, obligations, activities or commitments which would prevent you from meeting the work schedule or attendance requirements of this job? Yes  No  If yes, please explain:
3. Are you available to work evenings if the position requires it? Yes  No
4. Do you have an automobile available if the position requires it? Yes  No
5. Do you have a valid Washington State Driver's License? Yes  No
6. Do you currently have a private practice? Yes  No

### Additional Questions to Answer

On a separate sheet of paper, please respond to the following questions:

1. What attracts you to working in a counseling agency and to Lutheran Counseling Network in particular?
2. What is your theoretical orientation?
3. Lutheran Counseling Network operates on a "community" model that is non-hierarchical and uses consensual decision-making. Describe your experience working in a consensual model. What can you contribute in such a model? What would be the challenges for you in working in such a model?
4. LCN is an extension of the church's ministry to the community. All of our offices are in churches. Describe your experience working in church communities. What gifts, skills and abilities do you bring that would enable you to work well in such a setting? What would be the challenges for you in working within a church setting?

### Ethics and Background Questions

- |   |     |    |
|---|-----|----|
| 1. Have you ever been disciplined by a state licensing body, a professional organization or denomination for unethical conduct?               | Yes | No |
| 2. Has your license or professional certification ever been revoked by a state licensing body, a professional organization or a denomination? | Yes | No |
| 3. Has anyone ever filed suit against you for unethical practice?   | Yes | No |
| 4. Has your denomination ever considered you not to be in good standing?  | Yes | No |
| 5. Have you ever been convicted of a felony?  | Yes | No |
| 6. Have you ever been disciplined for sexual misconduct?  | Yes | No |

If you will be working with children, developmentally disabled persons, or vulnerable adults, we are required to ask you the following questions:

Have you ever been:

- |  |     |    |
|--|-----|----|
| a. convicted of any crime against children or other persons?   | Yes | No |
| b. convicted of crimes relating to financial exploitation if the victim was a vulnerable adult?  | Yes | No |
| c. convicted of crimes related to drugs as defined in RCS 43.43.830?   | Yes | No |
| d. found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?                  | Yes | No |
| e. found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor? | Yes | No |
| f. found in any disciplinary board final decision to have sexually or  | Yes | No |

physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?

- g. found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?

Yes

No

It is our practice to conduct a national background check on all new employees. If we decide to offer you employment with Lutheran Counseling Network, we will ask you to sign a release allowing us to perform a criminal background check. Employment will be contingent on results of the background check.

### Additional Comments


I certify that the information given by me to Lutheran Counseling Network is true and complete to the best of my knowledge. I understand that, if employed, false or misleading information may result in immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with Lutheran Counseling Network's interests or those of its clients nor will I become engaged in such activity or business if employed.

I authorize Lutheran Counseling Network to solicit information regarding previous employment, and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release Lutheran Counseling Network from any liability for future references it may provide regarding my work history at the agency.

Signature

\_\_\_\_\_

Date

\_\_\_\_\_