



Felicianas' Youth Distinction  
Behavioral Health Services, LLC  
10105 Plank Rd. Suite A  
Clinton, La 70722  
(225)244-7026 (Phone)  
(225)244-7028 (Fax)

## EMPLOYMENT APPLICATION

POSITION APPLIED FOR: \_\_\_\_\_

☐ MST ☐ MHR ☐ ATR

Please complete this application by typing or clearly printing. Fully and accurately complete all application questions, even if submitting your resume. Use additional sheets provided if more space is required.

Name (Last)	(First)	(M.I.)
Address (Street)	(City)	(State) (Zip)
Telephone (Day)	(Evening)	(Message)
Optional: (Cell)	(E-mail)	
Social Security #	Desired Salary \$	Date available to start:
Do you have the legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Note: All employment offers are contingent upon proof of eligibility to work in the U.S.</i>		
Have you been convicted of a felony or released from prison within the last ten (10) years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Note: Please explain fully any convictions on a separate sheet of paper. Each case is considered individually. A conviction will not necessarily preclude you from employment; however failure to disclose convictions can disqualify you from employment.</i>		
Are you related to any current employee of Bruce Professional Counseling Services? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Education			
Type of School	School & Location	Indicate Years Completed	Degree/Certificate
High School		9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup> GED	
College or University Studies		1 2 3 4	
Graduate School		1 2 3 4	
Business or Tech. School		1 2 3 4	
Other Relevant Training or courses			



## License/Registration/Certificate

Description	State	Number	Expiration

## Work History

List experience which relates to the qualification as required on the Job Announcement. **Begin with your most recent experience.** List all jobs separately and identify gaps in employment. **A résumé will not substitute for the information required in this section.** Résumés may be attached, but do not write "See Résumé" in lieu of completing the application.

FROM	TITLE:	CURRENT OR MOST RECENT EMPLOYER:
TO:	PRIMARY DUTIES:	
HOURS / WEEK:		
SUPERVISOR:		
ENDING SALARY: \$		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		PHONE:

FROM	TITLE:	CURRENT OR MOST RECENT EMPLOYER:
TO:	PRIMARY DUTIES:	
HOURS / WEEK:		
SUPERVISOR:		
ENDING SALARY: \$		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		PHONE:

FROM	TITLE:	CURRENT OR MOST RECENT EMPLOYER:
TO:	PRIMARY DUTIES:	
HOURS / WEEK:		
SUPERVISOR:		
ENDING SALARY: \$		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		PHONE:



FROM	TITLE:	CURRENT OR MOST RECENT EMPLOYER:
TO:	PRIMARY DUTIES:	
HOURS / WEEK:		
SUPERVISOR:		ADDRESS:
ENDING SALARY: \$		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		PHONE:

FROM	TITLE:	CURRENT OR MOST RECENT EMPLOYER:
TO:	PRIMARY DUTIES:	
HOURS / WEEK:		
SUPERVISOR:		ADDRESS:
ENDING SALARY: \$		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		PHONE:

ADDITIONAL EXPERIENCE (volunteer, internship, etc.): \_\_\_\_\_

I hereby certify that all statements made in this application and accompanying materials are true and I agree and understand that any misstatement or omission of material fact will cause forfeiture on my part of all rights of employment with Bruce Professional Counseling Services, (BPCS) hereby authorize BPCS to solicit and receive information from my past employers and release both parties from any claims of liability arising from such inquiry and investigation or the supplying of information for such investigation. Finally, I acknowledge that my employment is at-will, which means that either the employee or the company is free to terminate the employment relationship at any time, with or without reason, advance notice, or warning

SIGNATURE: \_\_\_\_\_  
(Signature required for application to be complete)

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