

## Northwest Counseling and Guidance Clinic Employment Application

**Dear Applicant:**

Thank you for your interest in a position with Northwest Counseling and Guidance Clinic. Our programs that are licensed by the state of Wisconsin, are governed by statutes that include specific provisions regarding the education and previous experience of our staff. For this reason, we need very specific information about you in order to determine for which positions we may consider you.

Although you may have already sent a resume that contains information about your background, we must ask that you complete this application in its entirety. As the information on this application is the only information that will be used to review your qualifications, it is to your advantage to be as complete as possible when answering the questions on this application. Upon determining your qualifications, we will notify you about whether your application is eligible to be forwarded to the manager of the open position. That manager will determine which applicants to interview.

Please know that the submission of a resume cannot take the place of completing this form.

This application will be kept on file for one year from the date of receipt.

Date application completed:

How did you hear about this position?

Name:

Phone:

Email Address:

Address:

City/State/Zip:

Position applied for – Please check one:

**Day Treatment Services**

- Case Manager
- Group Facilitator
- Educational Coordinator
- Mental Health Clinician (therapist)
- Clinical Mental Health Coordinator (clinical supervisor & therapist)
- Program Coordinator (program administrator)
- Other:

**Emergency Services**

- Telephone Worker
- Mobile on-call worker

**Chippewa County**

- Daily Living Skills Educator
- Mentor

**Outpatient Services**

- Clinical Director
- Mental Health Therapist

---

Shift/hours you are interested in: **(Emergency Services only)** *specific shift hours vary by county:*

Site or location of position you are interested in **(Emergency Services Mobile on-call workers):**

---

Site or location of position you are interested in **(Day Treatment and Outpatient Services):**

*(If you are interested in work in more than one location, please check all that apply.)*

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Amery            | <input type="checkbox"/> Black River Falls | <input type="checkbox"/> Chippewa (outpatient only) | <input type="checkbox"/> Frederic (outpatient only) |
| <input type="checkbox"/> Green Bay        | <input type="checkbox"/> Menomonie         | <input type="checkbox"/> River Falls                | <input type="checkbox"/> Siren                      |
| <input type="checkbox"/> Stevens Point    | <input type="checkbox"/> Superior          | <input type="checkbox"/> Weyauwega                  | <input type="checkbox"/> Wausau                     |
| <input type="checkbox"/> Wisconsin Rapids |  |   |   |
-

Would you accept full-time work? Yes No Would you accept part-time work? Yes No

Would you accept a temporary position? Yes No

Have you ever worked for any Northwest Counseling & Guidance Clinic or Northwest Passage program? Yes No

If so, which program(s) and when were you employed?

---

**Educational Background:**

High School -- name and location:

Did you graduate? Yes No

College -- name and location:

Did you graduate? Yes No Major: Degree:

Graduate School and post graduate experience:

Name and location:

Course of study:

Did your course of study include a minimum of 28 credits in mental health theory? Yes No

Did your course of study include a minimum of 28 credits in social service, marriage and family counseling, human behavior or similar areas of study? Yes NO

Did you graduate? Yes No Degree:

If you have **completed** graduate work in a mental health or counseling related field:

Have you completed at least one year of full time work (approximately 2080 hours) in clinical setting-serving children with mental health disorders?  Yes  No

Have you completed 3,000 hours of post-graduate supervised clinical work in a setting where the majority of the clients were children with mental illness or severe emotional disturbance?  Yes  No

Do you hold a Wisconsin Department of Safety and Professional Services license/certificate? Yes No

If yes, please list:

---

**Previous Employment**

Please fill out this information completely. State regulations specify that applicants for positions working with children in day treatment settings must have previous experience working directly with or providing treatment services for children with mental health disorders. These regulations prohibit us from accepting work with autistic and developmentally disabled clients as related mental health experience. Please do not count time working with these populations as mental health experience.

**You must provide information for all employers for the most recent five years.** Depending on the position for which you are applying, we may be required by statutes to check employment references for all employers for the past 5 years; regardless of whether that employment occurred in a field related to mental health services. If not statutorily required to check references with all employers in that time period, NWCGC reserves the right to determine which references in that time period are most relevant to your potential employment with this agency. In general, references will not be checked prior to interviews and in most cases will not be checked prior to an offer of employment. Any and all offers of employment are made subject to satisfactory reference checks. If you are currently employed and would like us to delay contacting your current employer, you should inform the manager at time of interview. Please list your most recent employer first.

Company Name:  
Name of Supervisor: Phone:  
Address:  
Dates Employed (month & year, i.e. 06/07) From: to  
Position: Reason for Leaving: Last Wage:  
List primary duties/responsibilities:  
Position was:  Full-time  Part-time If part-time, how many hours per week:  
What percentage of this experience involved mental health and/or AODA crisis work?  
What percentage of this experience involved serving children with mental health disorders?  
What percentage of this experience involved serving adults with mental health disorders?  
If you completed graduate school, did this work experience occur after you completed your graduate degree?  Yes  No

---

Company Name:  
Name of Supervisor: Phone:  
Address:  
Dates Employed (month & year, i.e. 06/07) From: to  
Position: Reason for Leaving: Last Wage:  
List primary duties/responsibilities:  
Position was:  Full-time  Part-time If part-time, how many hours per week:  
What percentage of this experience involved mental health and/or AODA crisis work?  
What percentage of this experience involved serving children with mental health disorders?  
What percentage of this experience involved serving adults with mental health disorders?  
If you completed graduate school, did this work experience occur after you completed your graduate degree?  Yes  No

---

Company Name:  
Name of Supervisor: Phone:  
Address:  
Dates Employed (month & year, i.e. 06/07) From: to  
Position: Reason for Leaving: Last Wage:  
List primary duties/responsibilities:  
Position was:  Full-time  Part-time If part-time, how many hours per week:  
What percentage of this experience involved mental health and/or AODA crisis work?  
What percentage of this experience involved serving children with mental health disorders?  
What percentage of this experience involved serving adults with mental health disorders?  
If you completed graduate school, did this work experience occur after you completed your graduate degree?  Yes  No

---

Company Name:  
Name of Supervisor: Phone:  
Address:  
Dates Employed (month & year, i.e. 06/07) From: to  
Position: Reason for Leaving: Last Wage:  
List primary duties/responsibilities:  
Position was:  Full-time  Part-time If part-time, how many hours per week:  
What percentage of this experience involved mental health and/or AODA crisis work?  
What percentage of this experience involved serving children with mental health disorders?  
What percentage of this experience involved serving adults with mental health disorders?  
If you completed graduate school, did this work experience occur after you completed your graduate degree?  Yes  No

---

Company Name:  
Name of Supervisor: Phone:  
Address:  
Dates Employed (month & year, i.e. 06/07) From: to  
Position: Reason for Leaving: Last Wage:  
List primary duties/responsibilities:  
Position was:  Full-time  Part-time If part-time, how many hours per week:  
What percentage of this experience involved mental health and/or AODA crisis work?  
What percentage of this experience involved serving children with mental health disorders?  
What percentage of this experience involved serving adults with mental health disorders?  
If you completed graduate school, did this work experience occur after you completed your graduate degree?  Yes  No

---

Applicant – please note that upon interview, you will be asked to sign a hard copy of this application.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause and with or without notice, at any time by the company.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_