

**Northwest Counseling and Guidance Clinic  
Employment Application (Driver)**

**Dear Applicant:**

Thank you for your interest in a position with Northwest Counseling and Guidance Clinic. 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 send applications to [JessekaW@nwgc.com](mailto:JessekaW@nwgc.com).

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.

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

Date application completed: \_\_\_\_\_ Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Complete address: \_\_\_\_\_

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County or Region you are interested in providing transportation services: \_\_\_\_\_

Has your driver's license been suspended for any reason in the last 3 years?  Yes  No

Are you at least 21 years of age?  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? \_\_\_\_\_

**Previous Employment**

Please fill out this information completely. NWCGC reserves the right to determine which references 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: \_\_\_\_\_

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Position was:  Full-time  Part-time If part-time, how many hours per week: \_\_\_\_\_

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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: \_\_\_\_\_

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Position was:  Full-time  Part-time If part-time, how many hours per week: \_\_\_\_\_

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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: \_\_\_\_\_

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Position was:  Full-time  Part-time If part-time, how many hours per week: \_\_\_\_\_

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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: \_\_\_\_\_

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: \_\_\_\_\_

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.

Electronic Signature

Electronic Signature: \*

Please type your First and Last Name: \_\_\_\_\_

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

I understand that putting an X in this box constitutes a legal signature confirming that I acknowledge and truthfulness of the information provided in this document.