

**Application for Group Facilitator Role at Cornerstone Counseling Center**

Employees of Cornerstone and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

**Group Facilitator Application**

**Potential Start Date:** \_\_\_\_\_

Your Social Security No. \_\_\_\_\_ Drivers License # \_\_\_\_\_  
Print Full legal name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**EDUCATION** Name/Location of Institution or Colleges Attended Major Degree Received GPA Grad Year?  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**EXPERIENCE** — Starting with the **most recent**, describe your **paid** and applicable **voluntary** experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position.

**A. Job Title** \_\_\_\_\_ **Department:** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Your Work Phone \_\_\_\_\_  
Type of business: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_ May we contact your present supervisor? Yes No  
Title and Phone Number of Supervisor: \_\_\_\_\_  
Salary or Hourly Rate: \_\_\_\_\_  
Employment Dates Start (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**B. Job Title** \_\_\_\_\_ **Department:** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Your Work Phone \_\_\_\_\_  
Type of business: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_ May we contact your present supervisor? Yes No  
Title and Phone Number of Supervisor: \_\_\_\_\_  
Salary or Hourly Rate: \_\_\_\_\_  
Employment Dates Start (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Any additional information you think would help us evaluate your application, including training, **seminars, workshops**, and **special achievements** or specialized skills:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications:

<b>Name</b>	<b>Phone</b>	<b>Relationship</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have there ever been any BBS Investigations or insurance claims made against you? \_\_\_\_\_

Have you ever been arrested for any crime? \_\_\_\_\_

IF YES, please explain: \_\_\_\_\_

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment at Cornerstone. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the Cornerstone to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_