PALMETTO
COUNSELING & CONSULTING

Palmetto Counseling & Consulting Services, LLC

1721 Ebenezer Road, Suite #225
Rock Hill, SC 29732
Fax (803) 329-5830

Palmetto Counseling & Consulting Services, LLC ("Palmetto") IS AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER & DRUG-FREE WORK PLACE and does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or discharge from military service or any other consideration made unlawful by applicable federal, state or local laws. Please read carefully before you sign this application. Applicants may be tested for illegal drugs. Application must be completed in full even if attaching a resume. "See Resume" is not an appropriate answer. If unsure of an answer, please write UNKNOWN. If a question does not apply to you, please write N/A. Please note that applications not completed in full will not be considered.

Please Print Clearly & Legibly

APPLICANT INFORMATION							
Last Name		First		M.I.		Date	
Street Address				Apartment/ Unit #			
City		State		ZIP			
Phone		E-mail Address					
Date Available		Social Security No.		Desired Salary			
Position Applied for:							

Are you a citizen of the United States?	YES ☐	NO ☐	If no, are you authorized to work in the U.S.?	Y ☐	N ☐
Have you ever worked for this company?	YES ☐	NO ☐	If so, when?		
Have you ever been convicted of, or pled nolo contendere to a felony?	YES ☐ NO ☐		If yes, explain		
Have you ever filed a workers compensation claim or sustained injury at your place of employment?	YES ☐ NO ☐		If yes, explain		

Have you ever been discharged from any employment or asked to resign? YES ☐ NO ☐

If Yes, please explain and / or attach documentation

If under the age of 18, can you produce the necessary work certificate / documentation at the time of employment?
YES ☐ NO ☐
Are you willing to work overtime? YES ☐ NO ☐

List special technical skills that you feel qualify your for the position for which you are applying (i.e., computer software programs, office equipment, typing speed, languages proficient in, specific skills / certifications, etc:

EDUCATION: THIS INFORMATION IS VERIFIED. YOU MAY BE ASKED TO SUBMIT COPIES OF YOUR DEGREES / CERFTIFICATIONS								
High School					Address, state, zip code & phone #			
From		To		Did you graduate?	YES ☐	NO ☐	Degree	

College					Address, state, zip code & phone #			
From		To		Did you graduate?	YES ☐	NO ☐	Degree	
Other					Address, state, zip code & phone #			
From		To		Did you graduate?	YES ☐	NO ☐	Degree	

PROFESSIONAL REFERENCES:

Please list three professional references.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT: BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND CONTINUE WITH ALL PAST EMPLOYMENT OVER THE PAST 10 YEARS. YOU MAY SUBMIT ADDITIONAL DOCUMENTATION IF NEEDED

Company			Phone			
Address			Supervisor			
Job Title			Starting Salary	$	Ending Salary	$
Responsibilities						
From		To	Reason for Leaving			
May we contact your previous supervisor for a reference?			Y ☐	N ☐		
Company			Phone			
Address			Supervisor			
Job Title			Starting Salary	$	Ending Salary	$
Responsibilities						
From		To	Reason for Leaving			
May we contact your previous supervisor for a reference?			Y ☐	N ☐		
Company			Phone			
Address			Supervisor			
Job Title			Starting Salary	$	Ending Salary	$

Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				Please explain any gaps of employment of 6 months or more:	
YES ☐	NO ☐				

MILITARY SERVICE

Branch		From		To	
Rank at Discharge		Type of Discharge		If other than honorable, explain	

DISCLAIMER, AUTHORIATION, AND SIGNATURE

I hereby understand and acknowledge that, if hired, my employment relationship with Palmetto would be of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time and for any or no reason. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the forgoing express language are valid unless they are in writing and signed by the employer's president.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.
I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days.

I authorize the release of such information as my work, school, criminal, and other information as needed to determine my qualifications and fitness for the position I am seeking with Palmetto Counseling & Consulting Services, LLC.

I hereby consent to drug testing as may be requested in the application process at the expense of Palmetto to establish a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If Palmetto has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state and local law. I also understand that all employees of the location, pursuant to Palmetto's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests is a condition of continually employment and I agree to undergo alcohol and drug testing consistent with Palmetto's policies and applicable federal, state, and local law.

I understand and agree that as a condition of employment and the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, non-compete, and/or conflict of interest statement. I authorize Palmetto or its agents to confirm all statements contained in this application and /or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background verification process.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to Palmetto or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability Palmetto and its representative for seeking such information and other persons, corporations, or organizations furnishing such information.

If hired by Palmetto, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States. I also understand Palmetto employs only individuals who are legally eligible to work in the United States.

Signature Date

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Please list any specialties or certifications:

_____

Age Range of Clients:

☐ 0-5 years old ☐ 6-10 years old ☐ 11-17 years old ☐ 18 & up

Gender of Clients:

☐ Male ☐ Female ☐ Transgender

Any Population/Condition/Diagnosis that you choose not to work with:

_____

Possible Schedule:

☐ Mon ☐ Tues ☐ Wed ☐ Thur ☐ Fri ☐ Sat ☐ Sun

☐ 8 am ☐ 9 am ☐ 10 am ☐ 11 am ☐ 12 pm ☐ 1 pm ☐ 2 pm ☐ 3 pm
☐ 4 pm ☐ 5 pm ☐ 6 pm ☐ 7 pm ☐ 8 pm

What Insurances are you in-network with:

☐ Aetna ☐ SC BCBS ☐ Cigna ☐ Optum (United Healthcare) ☐ Medicare
☐ TriCare

Type of Therapy

☐ Individual ☐ Family ☐ Couples ☐ Play Therapy ☐ EMDR

☐ In Office ☐ Virtual ☐ Other: _____

License

_____ State _____License # _____ State _____License # _____ State _____License#