

Stein Counseling and Consulting Services, Ltd.
571 Braund Street, Onalaska, WI 5650
Voice Phone 608-785-7000, Fax Phone 608-785-7477
www.effectivebehavior.com

PERSONAL INFORMATION

First Name _____ Middle Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Home Telephone Number _____ Business Telephone Number _____ Cell Telephone Number _____

POSITION APPLYING FOR

Position Applied For: _____

Date Available: _____ Salary Expectation: _____ Are You Applying For: Full-Time Part-Time Temporary

Are You Willing To Work:

	Yes	No	
Days	<input type="checkbox"/>	<input type="checkbox"/>	Maximum Number Hours/Week _____
Nights	<input type="checkbox"/>	<input type="checkbox"/>	Ideal Number Hours/Week _____
Weekends	<input type="checkbox"/>	<input type="checkbox"/>	Minimum Number Hours/Week _____
Holidays	<input type="checkbox"/>	<input type="checkbox"/>	Temporary Hours _____
Travel	<input type="checkbox"/>	<input type="checkbox"/>	

Specialized Skills:

	Yes	No	
Word Processing	<input type="checkbox"/>	<input type="checkbox"/>	_____ WPM List Types (IBM Compatible, MAC, etc.): _____
Typing	<input type="checkbox"/>	<input type="checkbox"/>	_____ WPM List Computer Software Applications: _____
Fax	<input type="checkbox"/>	<input type="checkbox"/>	_____
Calculator	<input type="checkbox"/>	<input type="checkbox"/>	List Other: _____
Computer	<input type="checkbox"/>	<input type="checkbox"/>	_____

EDUCATION

Name and Location of School: _____ Years Attended: _____ Year Graduated: _____ Course Study: _____ Diploma or Degree: _____
 High School _____

Technical School _____

College _____

Graduate School _____

Professional License(s)/Certifications: _____ Registration Number (s): _____

Date Issued: _____ Valid Through: _____ For Which States? _____

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GENERAL INFORMATION

Have you ever been employed by Stein Counseling and Consulting Services, Ltd.? Yes No
 If so, from _____ to _____. Position _____
 Are you eligible to work in the U.S.A.? Yes No
 Are you 18 years if age or older? Yes No
 How were you referred to Stein Counseling and Consulting Services, Ltd.? _____

EMPLOYMENT HISTORY

List your complete job history. Regard military services as an employer. Begin with your most recent employer and work backwards. Include self-employment, summer, and part-time jobs. Please attach additional sheet to list all previous employers.

Current /Most Recent Employer:		Kind of Business:		
Address		City	State	Zip Code
Job Title	Name of Supervisor	Telephone Number		
Date Started	Date Ended	Ending Salary		
Briefly Describe The Nature of Your Work:				
Reason For Leaving: _____				
May We Contact for a Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If Not, Why? _____				
Current /Most Recent Employer:		Kind of Business:		
Address		City	State	Zip Code
Job Title	Name of Supervisor	Telephone Number		
Date Started	Date Ended	Ending Salary		
Briefly Describe The Nature of Your Work:				
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OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications from employment or other experiences.

PLEASE READ AND SIGN BELOW

Stein Counseling and Consulting Services, Ltd., is committed to equal employment opportunity without regard to age, race, religion, color, gender, national origin or ancestry, sexual orientation, marital status or military participation. No questions on this application are intended to secure information to be used for such discrimination.

Federal law requires Stein Counseling and Consulting Services, Ltd., to provide reasonable accommodations to the known disabilities of applicants, unless to do so would impose an undue hardship upon Stein Counseling and Consulting Services, Ltd. Please feel free to advise us of any disability or if you need an accommodation to completed the application process.

I understand that, if hired, my employment with Stein Counseling and Consulting Services, Ltd., and the polices and practices of Stein Counseling and Consulting Services, Ltd., are subject to modification, revocation, suspension, termination or change at any time. I further understand that, if hired, my employment with Stein Counseling and Consulting Services, Ltd., is employment-at-will, and such employment, policies and practices of Stein Counseling and Consulting Services, Ltd., do not constitute a contract between Stein Counseling and Consulting Services, Ltd., and me. I understand that Stein Counseling and Consulting Services, Ltd., will apply such policies and practices to a particular situation as it deems to be in the best interest of Stein Counseling and Consulting Services, Ltd.

I consent to pre- and post-placement background checks mandated by law and such further assessment as may be required by Stein Counseling and Consulting Services, Ltd. I understand that I will not be considered a qualified applicant if I cannot perform the essential job duties, with/without reasonable accommodations, or if the results of any background check make me ineligible. I understand that falsification of this application or other employment materials, if discovered at any time during employment, may cause my immediate dismissal.

Signature of Applicant

Date

I, _____ have applied for a _____ with Stein Counseling and Consulting Services, Ltd., and hereby authorize Stein Counseling and Consulting Services, Ltd., to contact any schools, former places of employment, and/or persons who may aid the system in determining my suitability for employment. I release those individuals and/or organizations from all liability whatsoever for issuing the requested information.

Signature of Applicant

Date