



# HOPE Counseling and Consultation Application

Counselors, Marriage and Family Therapists, Social Workers, or Psychologists

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

College/University : \_\_\_\_\_

Who referred you for this position? : \_\_\_\_\_

References (Name, Company, and Contact Info): \_\_\_\_\_

Type of employment you will accept:  Full-Time  Part-Time  Temporary

Shifts you will accept:  Day  Evening  Overnight  Rotating

Are there any shifts you will not be able to work?  Day  Evening  Overnight  Rotating

Have you ever worked at HOPE before? If yes, please state position and when: \_\_\_\_\_

Have you ever applied to HOPE before? If yes, please state position and when: \_\_\_\_\_

Name and relationship of relatives employed by HOPE (if applicable): \_\_\_\_\_

For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States (Under the Immigration Reform and Control Act of 1986, you will be required to fill out certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed)?  Yes  No

Have you ever been convicted of a felony; a misdemeanor involving lying, cheating or stealing; or a misdemeanor involving moral turpitude that has not been judicially ordered expunged, sealed, dismissed, or statutorily eradicated (a conviction does not automatically eliminate you from employment consideration)?  Yes  No

If yes, please provide the following: Status/Ordinance, Date of Charge, Date of Conviction, Sentence/Penalty, and County, City, State of Conviction. \_\_\_\_\_

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Have you been convicted of any moving traffic violations in the last 3 years or had your license suspended or revoked in the last 5 years (a conviction does not automatically eliminate you from employment consideration)?  Yes  No

If yes, please provide the following: Status/Ordinance, Date of Charge, Date of Conviction, Sentence/Penalty, and County, City, State of Conviction. \_\_\_\_\_

Have you ever served in the Armed Forces of the United States?  Yes  No

Do you have any current licenses, certificates, vocational/technical training? \_\_\_\_\_

Please fill out and return to:  
HOPE Counseling & Consultation, Corporation  
PO Box 344  
Covington, VA 24426

