ELATED COUNSELING SERVICES LLC
Staff Application

Elated Counseling Services LLC is committed to excellence through diversity. Contract offers are made on the basis of qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. Please attach your resume and complete all questions or your application will be deemed incomplete and may not be considered. Please fill out each box. Applications with missing or invalid job numbers may not be considered for any position.

NAME and ADDRESS	
Name (First, MI, Last)	Social Security Number
Mailing Address	Date Of Birth
City, State, and Zip Code	
Telephone (Home)	Telephone (Work)
Telephone (Cell)	Email

JOB TYPE				
Position of interest:	☐ Licensed Outpatient Therapist	☐ Administrative	☐ Mental Health Practitioner	☐ Practicum/Internship

Days/Hours available to work							
☐ No Preference	☐ Mon.	☐ Tues.	☐ Wed.	☐ Thurs.	☐ Fri.	☐ Sat.	☐ Sun.

I am seeking:	☐ Full-Time Job	☐ Part-Time Job	☐ Full- or Part-time Job
How many hours can you work weekly?	Can you work nights?	Date available to begin:	

ADDITIONAL INFORMATION	
Have you ever been employed/contracted by this agency in the past?	☐ Yes ☐ No
Have you ever received mental health services by this agency?	☐ Yes ☐ No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.	☐ Yes ☐ No

Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?				☐ Yes ☐ No
Have you ever been investigated, charged, or are currently being investigated with harm, neglect or abuse to a child or adult? If so, what were the results?				☐ Yes ☐ No
Do you have a driver's license? ☐ Yes ☐ No	License number	State of Issuance	Expiration Date	
Have you had any motor vehicle accidents during the past three years? ☐ Yes ☐ No			How many?	
Are you related to any current Elated staff or had therapy here? ☐ Yes ☐ No	If YES, what are their names and their relationship to you?			

How did you hear about this employment opportunity at Elated? Check all that apply

☐ Walk-in	☐ Website	☐ Ad in newspaper	☐ Ad in magazine	☐ Job Bulletin (Monster)
☐ Dept. of Labor	☐ Employee Referral	☐ Job Bulletin (Other)		☐ Other:

EDUCATION

School Name	Location (mailing address)	Month & Year of Completion	Major	Degree/Diploma
High School				
GED				
College/University/Community or Trade School				

WORK EXPERIENCE

Please list work experience beginning with you most recent job held. Attach additional sheets if necessary.

Company	Supervisor Name	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone Number	Your last job title	

Reason for leaving:

List jobs you held, duties performed, skills used or learned, or promotions you received while working at the company.

Work Reference #1:	**Work Reference #2:**	May we contact this employer?
Name:	Name:	☐ Yes
Title:	Title:	☐ No
Phone Number:	Phone Number	

Company	Supervisor Name	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone Number	Your last job title	

Reason for leaving:

List jobs you held, duties performed, skills used or learned, or promotions you received while working at the company.

Work Reference #1:	**Work Reference #2:**	May we contact this employer?
Name:	Name:	☐ Yes
Title:	Title:	☐ No
Phone Number:	Phone Number	

REFERENCES

Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.

1.

2.

3.

DISCLOSURE QUESTIONS

TO BE COMPLETED BY LICENSED OUTPATIENT THERAPISTS

1. Has your professional license or registration ever been terminated, stipulated, restricted, limited, conditioned, suspended, revoked, refused, voluntarily relinquished or not renewed by any licensing board or any health-related agency organization, or is there a review pending?	☐ Yes ☐ No
2. Has your professional license or registration ever been investigated or is it currently being investigated and, if so, what were the results?	☐ Yes ☐ No
3. Has your membership, participation, clinical privileges, or employment ever been denied terminated, stipulated, restricted, refused, limited, suspended, revoked, or not renewed by any peer review organization, third party payer, clinic, hospital, medical staff, or any health-related agency or organization, or is there a review pending?	☐ Yes ☐ No
4. Have you ever voluntarily relinquished your membership, participation, clinical privileges or request for privileges employment, professional license, or registration in lieu of disciplinary action, or prior to or during an investigation into your professional conduct or competency?	☐ Yes ☐ No
5. Has your membership or fellowship in any professional organization or your specialty board certification ever been voluntarily or involuntarily denied, terminated, restricted, limited, suspended, or revoked?	☐ Yes ☐ No
6. Have you ever been reprimanded, censored, or otherwise disciplined by, or have you ever been subject to a corrective action agreement/plan with any licensing board, peer review organization, third party payer, clinic, hospital, medical staff, or any health-related agency or organization?	☐ Yes ☐ No
7. Has your certificate or participation in any private, federal (i.e., Medicare, Medicaid, etc.) or state health insurance program ever been revoked or otherwise limited or restricted, or is any investigation or proceeding with respect to any such action presently underway?	☐ Yes ☐ No
8. Are there any charges pending or are you currently charged with or have you ever been indicted or found guilty of a felony, gross misdemeanor, misdemeanor, or other offense?	☐ Yes ☐ No
9. Have you ever been found liable, guilty, or responsible for sexual impropriety or misconduct or sexual harassment with a patient/client, co-worker, or other?	☐ Yes ☐ No
10. Have you ever had any professional liability claims or lawsuits brought against you, including pending claims or lawsuits, dismissed or dropped claims or lawsuits, settlements, or final judgments?	☐ Yes ☐ No
11. Has your professional liability carrier ever refused or canceled your coverage or excluded you from performing any specific privileges within your specialty?	☐ Yes ☐ No
12. Have you ever practiced within your professional without professional liability insurance?	☐ Yes ☐ No
13. Do you have a physical or mental condition that would affect your ability, with or without reasonable accommodation, to provide appropriate care to patients/clients and otherwise perform the essential functions of a practitioner in your are of practice without posing a health or safety risk to your patients/clients? If yes, what accommodations would help you provide appropriate care to	☐ Yes ☐ No

patients/clients and perform other essential functions?	
14. Does your use (of have you been told that your use) of alcohol or drugs affect your ability, with or without reasonable accommodation, to provide appropriate care to patients/clients and otherwise perform the essential function in your are of practice without posing a health risk to your patients/clients? If yes, what accommodations would help you provide appropriate care to patients/clients, and perform other essential functions?	☐ Yes ☐ No
15. Are you currently using illegal drugs?	☐ Yes ☐ No

ELATED JOB REQUIRMENTS	
TO BE COMPLETED BY ELATED MENTAL HEALTH PRACTITIONERS	
In order to be considered for the position, you must be qualified in one of the following ways:	Please Check
1. Holds a Master's degree in a behavioral science/related field, from an accredited college/university and meet either a or b:	☐
a. has at least 2000 hours of supervised experience in the delivery of mental health services to recipients with mental illness	☐
b. is fluent in the non-English language of the cultural group to which at least 50% of the practitioners recipients, completes 40 hours of training in the delivery of services to recipients with mental illness, and receives clinical supervision from a mental health professional at least once a week until the requirements of 2000 hours of supervised experience are met	☐
OR	
2. Has at least 1000 hours of supervised experience in the delivery of mental health services to recipients with mental illness. Hours worked as a mental health behavioral professional under Elated may be included in the 1000 hours of experience for child recipients.	☐
OR	
3. Is a graduate student in one of the mental health professional disciplines and is formally assigned by an accredited college/university to an agency or facility for clinical training.	☐
OR	
4. Holds a masters or other graduate degree in one of the mental health professional disciplines from an accredited college/university,	☐

LICENSE/CERTIFICATION

If a license, certificate, or other authorization is required or related to the position of interest, complete the following:

License/Certification (LMFT/LICSW/LPC, etc.)	Date Issued	Date Expires	Issued by/Location of issuing Authority (State of other authority) (City and State)	License No.

OTHER CREDENTIALS/LICENSES/PROFESSIONAL AFFILIATIONS

Please list any other credentials, licenses, professional affiliations, etc., which are relevant to the job(s) for which you are applying.

SKILLS

Please list any technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert).

COVER LETTER

All applicants are required to submit a cover letter, no longer than three pages, on separate sheets, addressing the following items:

1. State your purpose for pursuing the position of interest with Elated.
2. Describe the personal qualities and professionally related experiences that qualify you for the position of interest.
3. Describe your theoretical orientation to counseling (ONLY: Outpatient therapists; Practicum/Internship)
4. Provide information on your experience in working with individuals from diverse backgrounds and your commitment to understanding diversity.
5. Provide an overview of your ability to use technology.

PLEASE READ CAREFULLY

I certify that the information on this application and its supporting documents are accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment/contract, or termination after employment/contract if discovered at a later date. I authorize Elated Counseling Services LLC to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment/contract. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment/contract. I understand that this document is NOT an offer of employment, and that an offer of employment/contract, if tendered, does NOT constitute a contract for continued guaranteed employment/services. I understand that staff of Elated Counseling Services LLC serve at-will, and the staff relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If contracted, I will be required to furnish proof of eligibility to work in the United States and to comply with company and departmental regulations. I understand that if contracted on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of the contract represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signature:		Date:	

OFFICE USE ONLY

Date application received	Administrative Director Signature/Date	Clinical Director Signature/Date

ELATED COUNSELING SERVICES LLC
Application Checklist

To be considered for a position of interest, the following items must be included in the application package:

LICENSED OUTPATIENT THERAPIST
- ☐ Completed and signed Employment Application Form
- ☐ Cover Letter
- ☐ Photocopies of transcripts of all postsecondary coursework
- ☐ Copy of resume or vita
- ☐ Copy of diploma from highest degree attained
- ☐ Copies of current licenses and/or credentials

MENTAL HEALTH PRACTITIONER
- ☐ Completed and signed Employment Application Form
- ☐ Cover Letter
- ☐ Proof of substantiated hours of supervised experience with mental illness
- ☐ Photocopies of transcripts of all postsecondary coursework
- ☐ Copy of resume or vita
- ☐ Copy of diploma from highest degree attained
- ☐ Copy of Driving Record
- ☐ For licensed individuals, copies of current licenses and/or credentials
- ☐ Copy of Driving Record

PRACTICUM/INTERNSHIP
- ☐ Completed and signed Employment Application Form
- ☐ Cover Letter
- ☐ Copy of transcripts of all postsecondary coursework
- ☐ Copy of resume or vita
- ☐ Copy of diploma from highest degree attained
- ☐ Copy of Driving Record

ADMINISTRATIVE
- ☐ Completed and signed Employment Application Form
- ☐ Cover Letter
- ☐ Copy of resume or vita

The following should be sent directly to:

Fax: (318) 751-9098
Email: office@elatedcounseling.com
Mail or Drop Off: Elated Counseling Services LLC, Attn: Human Resources, 2020 East 70th Suite, 201, Shreveport, LA 71105