

Inspiring Purpose Counseling Group, LLC

85 E. Gay St., Suite 800

Columbus, OH 43215

Phone: (614) 914-8687

www.inspiringpurposecounselinggroup.com



Position Applying for:

Personal Data

Name: (first, middle initial, last)

Street Address:

City:

State:

Zip:

Mobile number:

Home number:

Date you can start work:

Desired salary (hourly/annually):

Highest level of education achieved:

Position Information (check all that apply)

Hours: Full-time

Days

Part-time

Evenings

Some evenings and weekends are required based on office hours.

Are you authorized to work in the U.S. or on an unrestricted basis? Yes No

Have you ever been convicted of a felony? (convictions may not necessarily disqualify an applicant from employment)
Yes No

Are you aware of the essential functions required for the position for which you are applying?
Yes No

Can you perform these duties with or without reasonable accommodations?
Yes No

Qualifications Please list any educational qualifications that you feel relate to position for which you are applying that will highlight your skills in performing the essential duties.

	School Name	Degree	City and State
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High School			
College			
College			

Special Skills Please list any special skills, certifications, or experiences that you feel will help you in the position (leadership, organization, teams, etc).

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References Please 3 professional references, not related to you with their name, phone number, email address, and professional relationship.

Name	E-mail	Phone	Relationship
1.			
2.			
3.			

Work History

Job Title:	Start date:	End date:
Company Name:	Supervisor:	Phone:
City:	State:	Zip:

Duties:

May we contact this employer? Yes No



Job Title:	Start date:	End date:
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Company Name:	Supervisor:	Phone:
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City:	State:	Zip:
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Duties:

Reason for leaving:	Beginning Salary:	Ending Salary:
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May we contact this employer? Yes No



Job Title:	Start date:	End date:
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Company Name:	Supervisor:	Phone:
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City:	State:	Zip:
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Duties:

Reason for leaving:	Beginning Salary:	Ending Salary:
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May we contact this employer? Yes No



Job Title:	Start date:	End date:
Company Name:	Supervisor:	Phone:
City:	State:	Zip:
Duties:		
Reason for leaving:	Beginning Salary:	Ending Salary:
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

I certify that the information provided on this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions, or misrepresentations may result in my dismissal. I authorize IPCG to make an investigation of any of the facts set forth in this application and release IPCG of any liability. IPCG may also contact any references listed on this application.

I acknowledge and understand that IPCG is an "at will" employer. Therefore, any employee (regular, temporary, intern, or other type of employee) may resign at any time, just as IPCG may terminate the employee relationship at any time, with or without cause, with or without prior notice to the party.

Applicant Signature

Date