



Fully Health

23141 Moulton Pkwy, Suite 214
Laguna Hills, CA 92653
www.FullyHealth.org
Phone: (877) 553-8559

Employment Application

Please Print

Last Name	First Name	Middle Initial	Date
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Other names by which you have been known (for data verification and reference checking purposes)

Cell Phone	Business Phone	Email Address
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Mailing Address	City	State	Zip
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In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Are you eligible to work in the U.S. or have a work visa? Yes No

Instructions for answering the following question regarding criminal record history: Due to the nature of the work and the services provided, Fully Health is required by federal, state and/or local law to conduct criminal history background checks. All applicants please consider the following question regarding your criminal record history: Do not respond 'Yes' for arrests or detentions that did not result in conviction; referrals to, and participation in, any pretrial or post-trial diversion program; marijuana-related conviction more than two years old.

Have you ever been convicted of a crime? Yes No

If Yes, what was (were) the offense(s)?

Date(s) and place(s) of conviction

A conviction record will not necessarily be a bar to employment. Factors such as age at the time of the offense, type of offense and relevance to the job for which you are applying, seriousness and nature of the offense, and rehabilitation will be taken into account.

What is your COVID vaccination status: _____

Education, Training and Experience

Answer the following questions if you are applying for a professional position:

I am applying for Fully Health’s position:

- Pre-licensed therapist in training
- Licensed therapist or psychologist
- Child Psychiatrist
- Nurse Practitioner
- Psychiatrist
- Other: _____

Are you licensed/certified for the job applied for? Yes No

Name of license/certification: _____ Issuing state: _____

License/certification number: _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension, and date reinstated: _____

Preferred client age range: _____

What language fluencies are you most comfortable communicating in sessions? _____

Background Information

Why did you desire to enter a profession as a mental health practitioner?

Why are you interested in Fully Heath?

Please describe your personal relationship with Jesus Christ?

What church are you currently attending? _____

How can one know he/she is saved?

What is your understanding of integrating the Good News of Jesus Christ and mental health?

What is your approach to the areas regarding marginalized communities (i.e. LGBTQIA, former convicted persons, and those with substance abuse)?

Is there anything else you'd like to share with Fully Health that you feel is important?

Required Hours, Staff Meeting and Supervision

If you are an associate supervised by a Fully Health provided supervisor, you must attend all individual and group supervision in-office or video. Associates will be required to attend the monthly Anchor of Hope (currently the second Saturday morning) and GLEE meetings (currently 2nd and 4th Friday night every month) which both go toward your supervision hours. We also require our team to gather for a monthly evening team dinner/prayer time (currently the 3rd Monday evening). These meeting dates are subject to change. Licensures are strongly encouraged to attend these gatherings.

Vacation and Time Off

All vacation and time off is NON-paid time and must be PRE-approved.

Availability

For your first goal, are you available a minimum of 16-20 hours per week.

Business References

List below three persons not related to you who have knowledge of your work performance, within at least the last three years. Please also attach your CV.

Name	Email Address	Phone	Business Relationship

Name	Email Address	Phone	Business Relationship

Name	Email Address	Phone	Business Relationship

Read Carefully and Sign

I certify that the information contained in this application is correct to the best of my knowledge. I authorize verification of information provided on this application; and authorize the references listed above to give you all pertinent information concerning my previous employment.

Fully Health is committed to providing a safe and productive environment for our staff and clients. To achieve that goal, we may conduct background checks for all final candidates being considered for employment. Background checks may include, but are not limited to, criminal history and motor vehicle history.

Signature	Date
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Please complete application and send to info@fullyhealth.org along with your CV.