



**Fully Health**

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

**Employment Application**

**Please Print**

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|           |            |                |      |
|-----------|------------|----------------|------|
| 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)

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|------------|----------------|---------------|
| Cell Phone | Business Phone | Email Address |
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|                 |      |       |     |
|-----------------|------|-------|-----|
| Mailing Address | City | State | Zip |
|-----------------|------|-------|-----|

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)?

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Date(s) and place(s) of conviction

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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 (please include booster information): \_\_\_\_\_

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**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?

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Why are you interested in Fully Heath?

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Please describe your personal relationship with Jesus Christ?

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What church are you currently attending? \_\_\_\_\_

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How can one know he/she is saved?

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

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

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

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**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. These meeting dates are subject to change. Licensures are strongly encouraged to attend these gatherings. *(Voluntary: Our team also gathers for a monthly evening team dinner/prayer time, currently the 3rd Monday evening.)*

**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

*Please complete application and send to [info@fullyhealth.org](mailto:info@fullyhealth.org) along with your CV.*