

So you want to join the club?

That's exciting! We are incredibly grateful that you are considering working with Four Corners Counseling and Wellness, Inc. To begin the hiring process, please complete the attached application with an updated resume and send to hello@fourcornerswellness.org. After receiving the information, we will be reaching out to schedule an interview.

We look forward to meeting you,

Monica Torres, MC, LPC & Caitlin Gizler, MS, LMFT, CNP

Co-Owners, Four Corners Counseling and Wellness, Inc.

4500 N. 32nd Street, 201J

Phoenix, AZ 85018

(602) 922-6456

hello@fourcornerswellness.org

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Four Corners Counseling and Wellness, Inc.

Independent Contractor Application

| Applicant Information | | | | | | | | | | |
|--|------------------------------|-----|---------|---------------|-------------|-----------|------------|---------|-----|----|
| | | | | | | | | | | |
| Full Name: | Last | Fii | rst | | | М.І. | Date | : | | |
| | | | | | | | | | | |
| Address: | Street Address | | | | | Apartm | ent/Unit : | # | | |
| | | | | | | | | | | |
| City | | | | | | State | | ZIP Cod | de | |
| Phone: | | | | Email | | | | | | |
| Date Availat to Start: | | | | | | | | | | |
| Position Applied for: | | | | | | | | | | |
| Are you a ci | itizen of the United States? | YES | NO | If no, are yo | ou authoriz | zed to wo | rk in the | U.S.? | YES | NO |
| Have you ever been convicted of a $$\operatorname{YES}$$ NO felony? \Box | | | | | | | | | | |
| If yes, explain: | | | | | | | | | | |
| Education | | | | | | | | | | |
| Graduate Degree: | | ι | Jnivers | sity: | | | | | | |
| Did you YES NO From: To: graduate? □ □ Diploma: | | | | | | | | | | |



| Professional References | | | | | | | | | | |
|---|----------|---------------------|--------|------------------|---------------|-------------------|----------------|------------|--------------|--|
| Full Name: | | | | | | | Relatio | onship: | | |
| Company: | | | | | | | ı | Phone: | | |
| Address: | | | | | | | | | | |
| Full Name: | | | | | | | Relatio | onship: | | |
| Company: | | | | | | | | Phone: | | |
| Address: | | | | | | | | | | |
| | Cur | rent Er | nployı | ment (Please inc | clude relevan | t job h | istory | on resu | me) | |
| Company: | | | | | | | | Phone: | | |
| Address: | | | | | | | | upervisor: | | |
| Job Title: | | Starting Salary: | | | | | | | ding ary: \$ | |
| Responsib | ilities: | | | | | | | | | |
| From: | | To: Re | | | | ason for Leaving: | | | | |
| | | | | Lio | censure | | | | | |
| | | | | | | | | | | |
| License Number: | | | | | | | Issue Date: | | | |
| State Issue | ed: | | | | _ | | | | | |
| Are there any restrictions, complaints, or violations pertaining to your licensure? Explain: | | | | | | | | | | |
| Disclaimer and Signature | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge. | | | | | | | | | | |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. | | | | | | | | | | |
| Signature | | | Date | | | | | | | |