



## Job Application

Great Lakes Mental Health is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Should an applicant require reasonable accommodation in the application process, they should contact the clinic director ([erinhc@micap.net](mailto:erinhc@micap.net)). If you become employed by the clinic, the relationship between you and Great Lakes Mental Health will be considered "employment at will." This means that your employment can be terminated at any time for any reason, with or without reason, with or without cause, with or without notice by you or by Great Lakes Mental Health.

### Please complete all sections below

Date of application: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you seeking a full-time position or a part-time position? \_\_\_\_\_

If part-time, how many hours per week would you ideally work? \_\_\_\_\_

On what days are you available to work? \_\_\_\_\_

What hours are you available for work? \_\_\_\_\_

Would you be willing to work on evenings or weekends if needed? \_\_\_\_\_

What is your desired start date if hired? \_\_\_\_\_

What is your desired salary range? \_\_\_\_\_

Are you a U.S. Citizen or approved to work in the U.S.? \_\_\_\_\_

*If hired, you will be required to furnish documentation of your ability to work in the US.*

**Clinical Orientation and Skills**

Briefly describe your theoretical orientation toward clinical work.

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What therapeutic techniques or types of therapy do you most frequently use with clients?

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What clinical populations do you most enjoy working with and why?

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What do you see as your areas of clinical strength?

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What areas would you like to improve with regard to your clinical work?

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Briefly describe how you address issues related to diversity in your clinical work.

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Do you have any experience with suicidal clients or risk management (suicidal thoughts/actions, homicidal thoughts/actions, non-suicidal self-injury, etc.)? If so, please describe briefly. What is your comfort level with these situations?

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Are you currently able to supervise other clinicians? Do you have interest in doing so?

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Do you require supervision? Please describe requirements for supervision (degree of supervisor, hours per week/month, etc.).

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What is your comfort level with electronic medical records and telehealth?

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Do you have any other clinical, administrative or other skills (e.g., fluency in another language) that you would like us to know about in considering your application?

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**Education History**

*You may leave this blank if information is included on resume or vita.*

Degree Earned: \_\_\_\_\_

Area of study or major: \_\_\_\_\_

University: \_\_\_\_\_

GPA: \_\_\_\_\_

Year degree completed or anticipated: \_\_\_\_\_

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GPA: \_\_\_\_\_

Year degree completed or anticipated: \_\_\_\_\_

Degree Earned: \_\_\_\_\_

Area of study or major: \_\_\_\_\_

University: \_\_\_\_\_

GPA: \_\_\_\_\_

Year degree completed or anticipated: \_\_\_\_\_

**Employment History**

*You may leave this section blank if information is included on resume or vita. Please include any unpaid clinical placements.*

Employer name: \_\_\_\_\_

Job title: \_\_\_\_\_

Supervisor name: \_\_\_\_\_

Employer address: \_\_\_\_\_

Employer telephone: \_\_\_\_\_

Dates employed: \_\_\_\_\_

Description of duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving:  
\_\_\_\_\_  
\_\_\_\_\_

**References**

Please provide the names and contact information for three references who are familiar with your work. At least one reference must be a former clinical supervisor.

*Reference 1*

Reference name: \_\_\_\_\_

Reference email: \_\_\_\_\_

Reference telephone: \_\_\_\_\_

How do you know this reference? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Reference 2*

Reference name: \_\_\_\_\_

Reference email: \_\_\_\_\_

Reference telephone: \_\_\_\_\_

How do you know this reference? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Reference 3*

Reference name: \_\_\_\_\_

Reference email: \_\_\_\_\_

Reference telephone: \_\_\_\_\_

How do you know this reference? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_