Papa Ganache Project, LLC Strengths Development Program

Pre-Employment Questionnaire

Equal Opportunity Employer

If your answer is YES to all of the following, then you are an excellent candidate to apply to PGP!

ARE YOU ...

- > An empathic, nonjudgmental, friendly, confident person who can meet youth and families 'where they're at'?
- ➤ A team player, who embraces the Wraparound philosophy?
- > Comfortable meeting in a variety of settings, including in people's homes & out in the community, and in our vegan bakery
- > Organized & work well in an independent setting
- > AVAILABLE
 - o In the afternoon & evenings
 - O At least 3 days a week

QUALIFICATIONS ...

- > 21+ years of age
- Clear criminal record
- Clean driving record (applicants with poor driving records will not be considered for any position)
- ➤ Reliable transportation (e.g. access to a vehicle)
- > Have a minimum of a HS diploma or equivalent
- > Experience implementing behavioral interventions (applies to IIC & BA APPLICANTS ONLY; preferred, but not required, for MENTOR/PARENT MENTOR APPLICANTS)
- > Bachelor's Degree in a relevant social service related field (applies to BA APPLICANTS ONLY)
- > NJ Clinical License (LPC, LCSW) (apples to IIC APPLICANTS ONLY)
- > Agree to exclusively provide services through PGP & no other CSOC-IIC agency

Personal Information

Name (Last name, First name)					
Present Address					
Permanent Address (if different than a	lbove)				
Phone #	Email	Email			
Please comment on why you are	interested in applying to PGP				
Employment Desired – note all p	ositions are per diem/part time				
□ Mentor or Parent Mentor					
☐ Behavioral Assistant (BA) *must have behavioral interventions	e a Bachelor's Degree in a relevant social s	service related f	field with experience implementing		
□ Intensive In-Community Therapist (I	IIC) *must have NJ clinical licensure: LCS	W or LPC			
Desired Start Date	Referred by: Friend Colleague Indeed Homebase Other	FriendColleagueIndeed			
Are you currently employed?	If so, may we inquire of your pre employer?		re you legally authorized to work in the S.?		
Previously applied to for worked for P	GP or PG before? If yes, when?				

Education History – please include school(s) and degree(s) earned							
CLINICIANS ONL	Y – Clinical 1	Licensure(s)	initial date and type				
• LCSW		_					
• LPC		_					
Additional Licensus LCADC Other speci	fic licensure						
Employment Histor	У						
Employer Name, Start/End 1 Address, Phone #		Dates	Position	Currently Employed?			
Professional Referen	nces – Mental,	/behavioral he	ealth experience preferre	ed, where applicable			
Name		Business Name & Contact Information			How Many Years Known		

Authorization

Signature, Date

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that
if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements
contained herein and the references and employers listed above to give you any and all information concerning my previous
employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for
any damage that may result from utilization of such information. I also understand and agree that no representative of the
company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the Americans with
Disabilities Act (ADA) and other relevant federal and state laws."

Interviewed by