

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
 - In the afternoon & evenings
 - 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) (applies to IIC APPLICANTS ONLY)
- Agree to exclusively provide services through PGP & no other CSOC-IIC agency

Education History – please include school(s) and degree(s) earned

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CLINICIANS ONLY – Clinical Licensure(s) initial date and type

<ul style="list-style-type: none">• LCSW _____• LPC _____ <p>Additional Licensure</p> <ul style="list-style-type: none">• LCADC _____• Other specific licensure
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Employment History

Employer Name, Address, Phone #	Start/End Dates	Position	Currently Employed?

Professional References – Mental/behavioral health experience preferred, where applicable

Name	Business Name & Contact Information	How Many Years Known



Authorization

“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.”

Signature, Date

Interviewed by