



Integrated Care Concepts & Consultation

New Jersey's Premier Mind/Body Service Provider

J. Larry Thompson
LCSW, Founder

Seth A. Arkush
MBA, LCSW, Partner

Employment Application

We are an equal opportunity employer. We do not discriminate based on race, color, religion, sex, gender identity or expression, sexual orientation, national origin, age, disability, genetic information, veteran status, or any other protected status under applicable law.

Applicant Information

- **Legal Name:** _____
- **Preferred Name (if different):** _____
- **Pronouns (optional):** she/her he/him they/them other: _____
 prefer not to say
- **Phone Number:** _____
- **Email Address:** _____
- **Address/City/State/Zip:** _____

Position Information

- **Position Applied For:** _____
- **Employment Type:** Full-Time Part-Time
- **How did you hear about us?** _____

Work Authorization

- **Are you legally authorized to work in the United States?** Yes No
- **Will you now or in the future require employer sponsorship for employment authorization?** Yes No

(Note: Proof of work authorization will be required upon hire.)

Availability

- **Date Available to Start:** _____
- **Days/Hours Available:** _____

www.integratedcareconcepts.com Phone: 732.389.0697 Fax: 732.389.0611

Main Office: 615 Hope Road | Building 5B; 2nd Floor, Eatontown, NJ 07724



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Education

- **School Name:** _____
- **City/State:** _____
- **Degree or Certification Earned:** _____
- **Field of Study:** _____
- **Completion Date (or Expected):** _____

(Additional education may be listed on a résumé.)

Licenses / Certifications (if applicable)

- **License/Certification:** _____
- **Issuing State/Body:** _____
- **Expiration Date:** _____

Employment History

Employer: _____

- **Job Title:** _____
- **Dates of Employment:** From _____ To _____
- **Responsibilities:**

- **Reason for Leaving:**

(You may attach a résumé in place of completing additional employment history.)

Skills & Qualifications

Please summarize any skills, training, or experience relevant to the position:

Professional References

Please list **two** professional references (do not include family members).

1. **Name:** _____
2. **Relationship:** _____
3. **Phone/Email:** _____

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4. **Name:** _____
5. **Relationship:** _____
6. **Phone/Email:** _____
-

Applicant Acknowledgment & Authorization

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false or misleading information may result in disqualification from consideration or termination of employment if hired.

I understand that employment, if offered, is at-will unless otherwise provided by written agreement, meaning that either I or the employer may terminate the employment relationship at any time, with or without cause or notice, as permitted by law.

I authorize the employer to verify the information provided and to contact references listed.

Applicant Signature: _____

Date: _____

Optional Self-Identification (Voluntary)

Completion of this section is **voluntary** and will not be used in hiring decisions. Information is collected for equal employment opportunity reporting purposes only.

- **Gender Identity:** Woman Man Non-binary Prefer to self-describe: _____ Prefer not to say
 - **Race/Ethnicity:** Prefer not to say (EEO categories may be provided separately)
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Thank you for your interest in joining our team.