

Holman Family Services

972-375-1200 • 3636 N. MacArthur Blvd, Suite 160 Irving, Texas 75062 • www.holmanfamilyservices.com

First Name:	Middle	Last Name:
License Name:	License #	State issued:
License Name:	License #	State issued:
License Name:	License #	State issued:
NPI #	Tax ID#	SSN:
Date of birth:	H-Phone:	M-Phone:
Current address:		
City:	State:	ZIP Code:
Previous address:		
City:	State:	ZIP Code:

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:		

EMPLOYMENT INFORMATION #2

Previous employer:		
Address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:		

EMPLOYMENT INFORMATION #3

Previous employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:		

EMPLOYMENT INFORMATION #4

Previous employer:		
Address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:		

REFERENCES

Reference Name:		
E-Mail Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

Reference Name:

E-Mail Address:	Phone:
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City:	State:	ZIP Code:
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Relationship:

Reference Name:

E-Mail Address:	Phone:
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City:	State:	Zip Code:
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Relationship:

Reference Name:

E-Mail Address:	Phone:
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City:	State:	Zip Code:
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Relationship:

PLEASE ANSWER THE FOLLOWING QUESTIONS:

What is your preferred Counseling Theory and why?

What traits do you have that can make our team more cohesive?

Why did you choose your profession?

What would you do if someone were suicidal or homicidal?

If any, please list the Insurance Companies you are a provider with:

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Do you currently or have you ever in the past received a reprimand on your license? If yes, please explain

Please use the space below to share any other info that would assist us in deciding rather you are the best candidate for HFS?

Why do you want to complete your hours / become employed with Holman Family Services?

Please provide your current school Supervisors name and their full contact info:

Please provide your *current* LPC-S supervisors name(s) and their full contact info:

Please provide your *previous* LPC-S supervisors name(s) and their full contact info:

How many LPC-S supervisors have you had? Why did you change?

Please provide the name of your Liability Insurance, policy number and full contact information. Holman Family Services requires that each clinical staff person, practicum student and associate carry their own liability insurance with a minimum of a 1 million dollar coverage.

I certify that all the information that I have provided is true and correct. I authorize Holman Family Counseling, LLC. to verify all the information provided in this form, including past and present employers, all references, and state and federal background checks.

Printed Name:

Date:

Signature

Date:

Required Documents to submit with your application: Proof of licensure, unofficial copy of transcripts (students or associates only), photo id, w9, resume, proof of liability insurance.

Please email the application and required documents to: THERAPY@HOLMANFAMILYSERVICES.COM