Edgecare360 Employment Application Form

Thank you for your interest in joining Edgecare360!
We're dedicated to whole-person wellness and value professionals who share our passion for compassionate, evidence-based care. Please complete the form below in full. Incomplete applications may not be considered.

Personal Information

- **Full Name: _____ Date of Birth : _____**
- **Phone Number: _____**
- **Email Address: _____**
- **Street Address: _____City, State, ZIP_____**

Position Information

- **Position Applying For:** ☐ Therapist ☐ Intern /PP -skills support ☐ Administrative ☐ Nurse Practitioner ☐ Other: _____
- **Preferred Location:** ☐ East Point ☐ Marietta ☐ Virtual/Telehealth ☐ Open to Any
- **Desired Employment Type:** ☐ Full-time ☐ Part-time ☐ Contract ☐ Internship
- **Available Start Date: _____**
- **Desired Hourly Rate or Salary Range: _____**

Education & Licensure

- **Highest Degree Earned: _____**

- **Field of Study: _____**
- **College/University: _____**
- **Graduation Year: _____**
- **Professional License or Certification (if applicable): _____**
- **License Number: _____**
- **State of Licensure: _____**
- **Expiration Date: _____**

Experience

- **Current or Most Recent Employer: _____**
- **Position Title: _____**
- **Dates of Employment: _____**
- **Supervisor's Name & Contact: _____**
- **Reason for Leaving: _____**
- **Briefly describe your responsibilities:**
  _____
- **Relevant Clinical or Administrative Experience:**
  _____

Availability

- **Days Available to Work:**
  ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday
- **Preferred Shift:** ☐ Morning ☐ Afternoon ☐ Evening

- **Are you willing to work in-person sessions or events?** ☐ Yes ☐ No

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Skills & Interests

- **Areas of Specialty/Interest (check all that apply):**
  ☐ DBT ☐ CBT ☐ Family Therapy ☐ Child/Adolescent ☐ Trauma ☐ Addiction
  ☐ Group Facilitation ☐ Administrative Support ☐ Billing ☐ Assessment
  ☐ Other: _____

- **Please describe your therapeutic or professional approach:**
  _____

References

Please list two professional references (not family members):

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

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

Attachments

- **Upload Resume:** ☐ Choose File

- **Upload Cover Letter (optional):** ☐ Choose File

- **Upload License/Certification (if applicable):** ☐ Choose File

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Authorization

By submitting this application, I certify that the information provided is true and complete to the best of my knowledge. I authorize verification of all statements contained herein and understand that misrepresentation may result in disqualification or termination.

Signature (Typed): _____
Date: _____