



2805 5th Avenue
Lake Charles, LA

Phone: 337-429-5672 Fax: 337-429-5657
E-mail: umatter.lasting@gmail.com

Lasting Impression Therapeutic Counseling Center, LLC

Greetings Applicant,

On behalf of Lasting Impression Therapeutic Counseling Center, we wish you the best of luck as you enter the application process. Although it is a competitive process, we want to assure you that every application is examined equally and fairly. Below you will find a checklist of REQUIRED items to submit with your New Hire Packet.

- Completed Application Forms (Attached)
- Resume
- Evidence of highest obtained education (H.S/College, Diploma, GED, Transcript, Enrollment Letter)
- Licenses/Certifications/Trainings (if applicable)
- Motor Vehicle Insurance Card
- State-Issued Driver's License
- Social Security Card
- CPR Certification (If already obtained)

Please provide accurate background information. The following inquiries will be completed upon hire:

- Criminal Background
- Sex Offender
- Direct Service Worker Registry
- Drug Screening
- Motor Vehicle Records
- CPR
- TB Test

Feel free to contact us if you have any questions or concerns regarding the application process at (337) 602-6662 or lastingimpressiontcc@yahoo.com. ***By signing below you are acknowledging the listed checks will take place and be considered upon hiring.***

Printed Name: _____ **Date:** _____

Signature: _____



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Last Name				First				M.I.		Date	
Street Address								Apartment/Unit #			
City				State				ZIP			
Phone				E-mail Address							
Date Available				Social Security No.				Desired Salary			
Position Applied for											
Are you a citizen of the United States?			YES	NO	If no. are you authorized to work in the U.S.?				YES	NO	
Have you ever worked for this company?			YES	NO	If so. when?						
Have you ever been convicted of a felony?			YES	NO	If yes.						
High School				Address							
From		To		Did you graduate?	YES	NO	Degree				
College				Address							
From		To		Did you graduate?	YES	NO	Degree				
Other				Address							
From		To		Did you graduate?	YES	NO	Degree				
Full Name				Relationship							
Company						Phone					
Address											
Full Name				Relationship							
Company						Phone					
Address											
Full Name				Relationship							
Company						Phone					

PREVIOUS EMPLOYMENT	
Company	Phone
Address	Supervisor



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Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
MILITARY SERVICE			
Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			
DISCLAIMER AND SIGNATURE			
I certify that my answers are true and complete to the best of my knowledge.			
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.			
Signature		Date	