

Job Application

Family Intervention Specialists, Inc.

An Equal Opportunity Employer

Completed application is to be faxed to **678.288.8199**, emailed to zuzana.horova@fisinc.org, or mailed to **127 Enterprise Path, Suite 401, Hiram, GA 30141**. You will be contacted within 7 working days. Applicants for any position with the Family Intervention Specialists shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age. As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the agency to which you are applying.

1. POSITION APPLIED FOR Paraprofessional <input type="checkbox"/> Assessor <input type="checkbox"/> Therapist <input type="checkbox"/> Administrator <input type="checkbox"/> Other:				
2. Social Security #:				
3. Full name	First:	Last:	Middle:	5. Home Phone:
4. Address	Street:			6. Cell Phone:
	City:	State:	Zip:	7. E-mail Address:
8. EDUCATION- Please attach your resume containing information about your education and credentials. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion:				
9. LICENSURE- Do possess any job related professional license in State Georgia? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter what you are licensed in:				
10. EXPERIENCE- Please attach your resume containing information about work experience				
11. REFERENCES- List names, addresses and relationships of three persons not related to you who know your qualifications:				
Name	Address		Phone number	Business
13. MISCELLANEOUS				
a. How many hours a week are you willing to commit to this job?				
b. Do you have any special skills related to this job (knowledge of sign language, Spanish, etc.):				
c. Are you willing to accept job which requires you to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when you are available? <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends				
d. List the counties in which you are willing to work:				
e. Are you willing to provide your own transportation for your job? <input type="checkbox"/> Yes <input type="checkbox"/> No				
f. Do you have a personal computer with Windows operation software at home? <input type="checkbox"/> Yes <input type="checkbox"/> No				
g. Are you comfortable using Microsoft Word and Internet? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially				
h. Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
i. Have you ever been convicted* for any violation(s) of law, including moving traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide the following: Description of offense:				
Statute or ordinance (if known):		Date of Charge:		Date of Conviction:
City:	State:	Zip:	(For additional convictions use plain paper Include all information listed above)	
14. When will you be available to start work? Month Day Year				
15. CERTIFICATION- <i>Each Application Requires Current Date and Original Signature</i> I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any work relationship with the Family Intervention Specialists, Inc. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the Family Intervention Specialists, Inc. to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.				
Date:			Applicant's Signature:	

Emergency contact person: _____ Relationship to you: _____ Phone number: _____
 How did you find out about this employment opportunity?
 Referral (by _____) Agency website Job fair Agency letter Other (please specify): _____

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Competency checklist

Please check off which competencies you possess for the appropriate position. If you need help in any of following areas, please inform your trainer during the orientation.

Primary Therapist

- Provision of group and individual clinical supervision
- Targeting individual competency needs
- Personal development & Career development issues
- Behavioral therapy targeting school behavior and academic performance
- Marital therapy using behaviorally based approaches
- Implementation of intervention in youth's natural ecology
- Cognitive-behavioral therapy theory and application
- Administrative support
- Knowledge of Substance Abuse (10-17 years of age)
- Knowledge of child, adolescent and adult development
- Knowledge of confidentiality (CFR 42 Law)
- Knowledge of the Code of Ethics Standards
- Knowledge of Cultural Competency
- Knowledge of preventative issues (health, medical, dental)
- Ability to develop consumer's individualized treatment plans by identifying problems and resolutions to meet short and long term goals, specific to IFI principles
- Skilled in documentation and record keeping
- Ability in coordinating consumers' total treatment including services such as Prevention, Intervention, Drug Education, Inpatient/Outpatient Treatment, Aftercare
- Knowledge of cognitive-behavioral and system theories of individual, group, couples and family therapy
- Ability to provide community consultation, education and prevention services
- Knowledge of DSM-IV diagnosis system
- Knowledge of Medicaid paperwork, ability to submit progress notes in SOAP format

Paraprofessional

- Knowledge of Substance Abuse (10-17 years of age)
- Knowledge of child, adolescent and adult development
- Knowledge of confidentiality (CFR 42 Law)
- Knowledge of the Code of Ethics Standards
- Knowledge of Cultural Competency
- Active participation in clinical supervision with a Licensed or Certified Clinical Supervisor
- Knowledge of preventative issues (health, medical, dental)
- Skilled in documentation and record keeping
- Ability to participate in treatment including services such as Prevention, Intervention, Drug Education, Inpatient/Outpatient Treatment, Aftercare
- Knowledge of supportive counseling
- Ability to provide community consultation, education and prevention services
- Basic knowledge of DSM-IV diagnosis system
- Knowledge of Medicaid paperwork, ability to submit progress notes in SOAP format