

# APPLICATION FOR EMPLOYMENT WITH NEW LIFE COUNSELING CENTER, PLLC



## Mission-Values

Our **mission** at New Life Counseling Center, PLLC also known as NLCC, is to offer individuals, couples, and families hope, healing, and growth through competent, Christian counseling. We combine sound biblical principles with the best of proven psychological intervention. At NLCC, Christian values are upheld and integrate with competent, clinical procedure.

## NLCC was born out of and values:

- I. to glorify God in who we are and all we do,
- II. to support the local church by offering trustworthy counseling and program resources that enhance the church's ministry,
- III. to provide Christian counseling to those in need, especially ministers, Christian workers, and Christian military personnel,
- IV. to prepare Christian LPC-Interns for licensure, through excellent supervision, tight ethics, a supportive community of fellow-therapists, and broad experience,
- V. to provide a healthy work environment for Christian LPCs and LPC-Is, who have engaged in their own personal therapy, strictly adhere to the Rules & Regulations set forth by the Texas State Board of Examiners of Licensed Professional Counselors, operate with high ethical standards, and regularly attend a peer consultation group.

If your professional goals are congruent with the aforementioned mission and values, you are welcome to fill out an NLCC Application for Employment. This application covers:

- I. General information,
- II. Examination Information, State Licensure and Education
- III. Employment & Professional Experience
- IV. Personal Psychotherapy
- V. Faith, Historical and Current Positions
- VI. Commitment if hired to work with NLCC

In addition, if you need to attach additional pages to elaborate on any of the questions, please feel free to do so.

And lastly, once you have filled out this application, please mail, along with your master's degree transcript and pre-graduate practicum/intern supervisor evaluations to:

Leah Wilson McDill, PhD, LPC-S  
New Life Counseling Center, PLLC  
3000 Joe DiMaggio Blvd., #88  
Round Rock, Texas 78665

If NLCC is hiring therapists at the time that you send in your application, Dr. McDill will look over your application and possibly contact you to set an appointment for a formal interview.



**GENERAL INFORMATION**

Applicant Name: \_\_\_\_\_ Date of Birth : \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(Print) Last Name First Name M.I.

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell/Business Telephone: : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**EXAMINATION INFORMATION**

I have passed the NCE and/or LPC state exam. Yes/date of completion \_\_\_\_\_ No \_\_\_\_

I have successfully completed the Texas Jurisprudence exam. Yes/date of completion \_\_\_\_\_ No \_\_\_\_

**LICENSING INFORMATION**

Licensed Professional Counselor # \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

OR Licensed Professional Counselor Associate # \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Have you ever had a malpractice complaint/claim/suit filed against you? Yes \_\_\_\_ No \_\_\_\_

If yes: What was the complaint? \_\_\_\_\_

What were the results? \_\_\_\_\_

Was any disciplinary action(s) taken? \_\_\_\_\_

Have you ever been denied a professional license and/or certificate? Yes \_\_\_\_ No \_\_\_\_

Have you ever had a professional license and/or certificate revoked, suspended or denied? Yes \_\_\_\_ No \_\_\_\_

If yes, list type of license/certificate, issuing state, action taken and reason for action: \_\_\_\_\_

Have you ever voluntarily surrendered a professional license or certificate? Yes \_\_\_\_ No \_\_\_\_

If yes, list type of license/certificate, issuing state, date of surrender and reason for surrender. \_\_\_\_\_

Do you currently possess any license(s) or certificate(s) issued by any state? Yes \_\_\_\_ No \_\_\_\_

If yes, list name and license number and issuing state or organization of license or/certificate: \_\_\_\_\_

Have you ever been convicted, pled guilty, or nolo contendere to any misdemeanor or felony other than juvenile offenses or minor traffic violations? Yes \_\_\_\_ No \_\_\_\_



**GRADUATE EDUCATION & TRAINING**

Please list educational background, starting with the most recent:

School	Dates Attended	Date Graduated	Major	Degree

Please list additional training, certification, and most recent Continuing Education Units:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please discuss your interest in learning about and practicing from a Bowen Family Systems theoretical orientation :

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\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT INFORMATION**

Current Employer: \_\_\_\_\_ Position Title: \_\_\_\_\_  
 Dates of Employment: \_\_\_\_\_ - \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Employer Telephone No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
 Type of Practice: School \_\_\_\_\_ Hospital \_\_\_\_\_ Independent \_\_\_\_\_ Government Agency \_\_\_\_\_ Nonprofit \_\_\_\_\_  
 Other (specify): \_\_\_\_\_

Next most recent Employer: \_\_\_\_\_ Position Title: \_\_\_\_\_  
 Dates of Employment: \_\_\_\_\_ - \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Employer Telephone No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
 Type of Practice: School \_\_\_\_\_ Hospital \_\_\_\_\_ Independent \_\_\_\_\_ Government Agency \_\_\_\_\_ Nonprofit \_\_\_\_\_  
 Other (specify): \_\_\_\_\_

Next most recent Employer: \_\_\_\_\_ Position Title: \_\_\_\_\_  
 Dates of Employment: \_\_\_\_\_ - \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Employer Telephone No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
 Type of Practice: School \_\_\_\_\_ Hospital \_\_\_\_\_ Independent \_\_\_\_\_ Government Agency \_\_\_\_\_ Nonprofit \_\_\_\_\_  
 Other (specify): \_\_\_\_\_



**PROFESSIONAL EXPERIENCE**

Please provide a brief summary of your professional experience, including places, dates, and scope of activities.

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**PERSONAL PSYCHOTHERAPY**

Please provide a brief summary of your personal experience as a client, including dates of service, type of therapy (i.e., individual, marital, and/or group), and theoretical orientation of the treating practitioner.

Dates of Service \_\_\_\_\_ Type of Therapy (i.e., IT, MT, GT) \_\_\_\_\_ Theoretical Orientation of Therapist \_\_\_\_\_

Brief Summary \_\_\_\_\_

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**CHRISTIAN FAITH**

Please share how your Christian faith began and a summary of your personal journey of Christian faith since that time.

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On what do you base your faith? \_\_\_\_\_

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How do you apply your faith? \_\_\_\_\_

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How does your faith influence how you conceptualize psychotherapy, your View of Human Nature, and how does your faith apply in the treatment room? \_\_\_\_\_

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List where your current church membership resides, name of pastor, & any activities in which you are currently involved:

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Other information that you think would be relevant regarding how your faith will be involved in working with NLCC:

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**VIEW OF & EXPERIENCE WITH AUTHORITY**

What is your understanding of how authority works well? What are some positive experiences of yours in dealing with authority? And what are some difficult experiences of yours in dealing with authority? How did you process these?

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**COMMUNICATION & CONFLICT RESOLUTION**

How would you describe your communication style? And how have you attempted to resolve conflict in the past when you disagree with someone?

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**ADDITIONAL INFORMATION**

You are welcome to provide any additional information that you think is relevant in the process of applying for employment with NLCC.

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**REFERENCES: At least two references must be from within the mental health field....**

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Length of time that he/she has known you: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Length of time that he/she has known you: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Length of time that he/she has known you: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_



**COMMITMENT IF HIRED TO WORK WITH NEW LIFE COUNSELING CENTER, PLLC**

**The licensed individual or intern named above agrees to the following:**

**Re: Licensing Board—**

- 1. Follow all Rules & Regulations, as well as the Code of Ethics with the Texas State Board of Examiners of Licensed Professional Counselors, and remain in good-standing with his/her state licensing board.
- 2. Submit a copy of your license/intern renewal *each year* to NLCC.
- 3. Inform NLCC of any complaints filed against you to your licensing board.
- 4. Associates will remain in supervision until either fully licensed, or the official date of transfer to another supervisor.

**Re: Legal & Ethical Issues**

- 1. Maintain malpractice liability insurance policy with a minimum coverage of \$1,000,000/5,000,000.
- 2. Maintain client files with all dates of service, money paid, and progress notes on each session in a locked filing cabinet on site; *and all client files are the property of NLCC.*
- 3. Provide counseling services only within the scope of your license, education, training, experience, & supervision.
- 4. Remain current on your Continuing Education Units and proactively study solid materials re: psychology and the application of treatment.
- 5. Maintain access to peer-consultation with other licensed professionals (LPC, LMFT, &/or LCSW).
- 6. Enter into personal psychotherapy at your own cost should NLCC/Leah W. McDill, Ph.D., LPC-S deem it necessary for the quality of your professional service and/or safety of the client(s) you are seeing.
- 7. Attend mediation should you and NLCC be unable to resolve a conflict.

**Re: Christian Faith**

- 1. Maintain consistent personal relationship with Jesus Christ.
- 2. Proactively pursue demonstrating your faith by serving others.
- 3. Study Scripture and Integration materials that will influence your integration of faith with practice as you serve your clients.

I submit all of the aforementioned material as true and can submit supporting documentation re: my education, licensure, and liability insurance should Dr. McDill agree to a formal interview. In addition, I agree that Dr. McDill may call the aforementioned references on my behalf to inquire about my professional integrity.

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Printed Name \_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_