



THE CORNER

— Encounter Transformation —

Thank you for your interest in becoming an employee of The Corner; Institute for Transformation!

Please complete the following application and return along with your resume to adam@encountertransformation.com.

Please make sure to follow the directions below to return properly.

1. Download the Application to your laptop/desktop/tablet/iPad etc.
2. Fill in the needed information completely within the text boxes.
3. “Save As” a **PDF** with the following in the Document Title (Employment Application – “your name” and “today’s date”)
4. Email the PDF along with your resume

You will be contacted within one week either letting you know we would like to have you come in for an in person interview or if we have decided to move in another direction. Please contact me if you have any questions regarding the application.

Blessings,

Adam T. Fadel



THE CORNER

Encounter Transformation

4525 Hedgemore Drive Suite R
Charlotte, NC 28209

15711 Brookway Drive
Huntersville, NC 28078

The Corner; Institute for Transformation Application for Therapists

The Corner; Institute for Transformation provides professional therapy/counseling and transformational coaching to individuals, couples, families and groups. If you are currently licensed, provisionally licensed or are awaiting confirmation from the Board as an Licensed Professional Counselor or Marriage and Family Therapist and are a Christian you are invited to complete the following application and submit for employment consideration.

1. Personal Information

First Name: Last Name:

Address:

City: State: Zip:

Home Phone: Cell Phone:

Email:

2. License Verification (Type, Date Issued, State, Expiration)

| Type of License | State | Date of Issue | Expiration Date |
|-----------------|-------|---------------|-----------------|
| | | | |
| | | | |
| | | | |

Do you have a license pending Yes/No?

Have you ever had a malpractice complaint/claim/suit filed against you? (Yes or No)

If yes, what were the circumstances?

How was it resolved?

Was any disciplinary action(s) taken?



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Have you ever been denied a professional license and/or certificate? (Yes or No)

Have you ever had a professional license and/or certificate revoked or suspended? (Yes or No)

If yes; list the type of license or certificate, issuing state, action taken, and reason for action:

Have you ever voluntarily surrendered a professional license or certificate? (Yes or No)

If yes; list the type of license or certificate, issuing state, date of surrender, and reason for surrender:

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

If yes please explain:

3. Education and Training

Please list the information both for your undergraduate and graduate degrees below:

| Degree Earned | Educational Institution | Date Received |
|---------------|-------------------------|---------------|
| | | |
| | | |
| | | |

Please list recent Continuing Education Units, Trainings or Certifications below:

| CEU, Training or Certification | Date | Conference or Presenter |
|--------------------------------|------|-------------------------|
| | | |
| | | |
| | | |

4. Professional References (3)

| Name | Job Title / Company | Phone | Email | Years Known |
|------|---------------------|-------|-------|-------------|
| | | | | |
| | | | | |
| | | | | |

5. Supervision Experience

| Name of Supervisor | Supervisor's Credentials | Supervisor's Therapeutic Modality | Duration | # of Hours |
|--------------------|--------------------------|-----------------------------------|----------|------------|
| | | | - | |
| | | | - | |
| | | | - | |

6. Evaluation of Experience in Supervision

Please offer two examples of areas of strength you gained:

- 1.
- 2.

Please offer two examples of areas of focus to grow:

- 1.
- 2.

Could anything have improved your previous supervisory experience?

Please offer two examples of feedback that you received during supervision?

- 1.
- 2.

How did you experience this feedback?

May we contact your supervisor? (Yes or No)

If yes, please provide contact information:

7. Personal Philosophy of Therapy

Please describe, in a metaphor, how you see your work as a therapist.

8. Theoretical Orientations

Please describe the theoretical orientation you are familiar with and/or use in your therapy.

Please elaborate on this preference

9. Personal Development & Assessment

Enneagram Scores (top 3): Year Assessment Taken:

Myers-Briggs: Year Assessment Taken:

Evaluation of Self (please rate on a scale of 1-10 and provide further written evaluation)

Customer Service (scale 1-10):

Therapeutic Competence (scale 1-10):

Administrative Skills (scale 1-10):

Boundary setting (scale 1-10):

In the next two years, I would like to accomplish?

In the next three to five years I would like to accomplish?

10. Service Interest and Capacity

Desired number of 50-minute sessions per week:

Desired Annual Income:

Client populations that you desire to work with?

Are there any client populations that you are not willing to work with?

11. Christian Faith and relationship with God

Where do you currently attend church?

In what ways are you involved in your community?

What areas in your faith right now are you growing in?

Please share two or three verses of scripture and how they have impacted your life?

1.

2.

Once you have completed this application please email along with your resume to adam@encountertransformation.com.

You will be contacted either way letting you know that we would like to invite you in for an in-person interview or letting you know we thank you for your interest but will be going in another direction.

Neither submission of an application or an in-person interview obligates you or us to enter into an employment agreement of any kind. Please know that if you are invited into an in-person interview and we would like to move to the next step in a potential employment agreement after that interview there is a **2-week training** (2 hours per week) program that will need to be completed before entering into an employment agreement. Any costs and resources associated with this training are the responsibility of the person submitting the application.