

General Information

Legal Name

Preferred Name

Pronouns

Phone Number

Email Address *

Street Address

City

State

Zip Code

Country

How did you learn about our program?

Languages

Please list all languages spoken and level of fluency (including English as primary or secondary language spoken and level of proficiency to treat clients).

Fluency levels are defined as follows:

1. Elementary Proficiency: Includes the only the basic functions of using the language.

2. Limited Working Proficiency: Ability to communicate socially with limited professional application of the language.

3. Professional Working Proficiency: Able to speak clearly in a structured manner. Good sense of the languages grammar. Broad vocabulary.

4. Full Professional Proficiency: Can participate in any conversation with experience. Fluent use of the language. Feels comfortable using language in session with clients.

New Language

More

0 Language records

Language	Proficiency	Briefly describe your experience with the language

Doctoral Education

Education Institution

Education Website

Education APA Accredited

Degree Earned (i.e. PhD, PsyD)

Degree Concentration

Month/Year Degree Earned

mm-dd-yyyy

Internship Experience

Internship Institution

Internship Website

Internship APA Accredited

Concentration Areas of Interest

With which specialty areas are you interested in working? Choose all that apply

Select up to 20 choices

Current Clinical Experience

Please indicate your level of proficiency with the following areas, using a scale of 0 – 5, where (0) indicates no experience and (5) indicates a high proficiency in the area.

Therapy/Care/Model	Level of Proficiency	Explain the basis for your experience (i.e. providing examples of practice in the field, number of clients treated, specialized training, or other factors to be taken into consideration)
Adolescent	<input type="text"/>	<input type="text"/>
Adult	<input type="text"/>	<input type="text"/>
Child	<input type="text"/>	<input type="text"/>
Child abuse	<input type="text"/>	<input type="text"/>
Crisis intervention	<input type="text"/>	<input type="text"/>
Evidence based treatment	<input type="text"/>	<input type="text"/>
Group psychotherapy	<input type="text"/>	<input type="text"/>
Homelessness issues	<input type="text"/>	<input type="text"/>
Individual psychotherapy	<input type="text"/>	<input type="text"/>
Integrated care	<input type="text"/>	<input type="text"/>
Intimate partner violence	<input type="text"/>	<input type="text"/>
Older adult	<input type="text"/>	<input type="text"/>
OD/SUD treatment	<input type="text"/>	<input type="text"/>
Prenatal/postpartum	<input type="text"/>	<input type="text"/>
Primary care behavioral health	<input type="text"/>	<input type="text"/>
Telehealth	<input type="text"/>	<input type="text"/>
Trauma	<input type="text"/>	<input type="text"/>

Additional Information

Have you ever utilized an electronic health record?

Name(s) and years of experience of system(s) used

List any supervisors you are interested in working with

Site Preference

Efforts will be made to accommodate preferences, however preferences cannot be guaranteed due to programmatic and agency need

Rank CHC site locations from 1-10, where (1) designates preferred and (10) least preferred.

[View the map to see site locations.](#)

Please choose each number once

Danbury/Norwalk (OD/SUD Concentration)	<input type="text"/>	New London/Groton	<input type="text"/>
Enfield	<input type="text"/>	School Based	<input type="text"/>
Hartford (Child Only)	<input type="text"/>	Stamford 5th/Franklin	<input type="text"/>
Meriden/New Britain (Key Populations Concentration)	<input type="text"/>	Stamford West Broad (Child Only)	<input type="text"/>
Middletown/Clinton (Child Concentration)	<input type="text"/>	Waterbury/Bristol (Health Psychology Concentration)	<input type="text"/>

Provide additional information for committee to consider regarding your site preference

Attachments

Resume/CV

Choose File

No file chosen

Statement of Interest

Choose File

No file chosen

Reference

Provide the name and contact information for three professional reference. After submitting your application, they will receive an email with a link to complete a reference form.

Professional Reference #1

Name

Email

Phone

Professional Reference #2

Name

Email

Phone

Professional Reference #3

Name

Email

Phone

Application Attestation

I certify that the answers given in this application are true to the best of my knowledge.

I understand that the use of this application form does not indicate that there are any positions open and does not in any way obligate Community Health Center, Inc. to offer employment.

I understand that by providing the contact information of my reference, this allows CHC to reach out to contacts if required.

I understand that should I be granted an interview, no representations that may be made at the interview are to be construed as creating any obligation, promise or contract on behalf of Community Health Center, Inc.

I understand that the lack of truthfulness, misleading information or material omissions given in my application, resumes, interview(s) or during the course of my employment are grounds to terminate the hiring process or employment whenever they are discovered.

I understand that acceptance for employment shall depend on satisfactory replies from my reference and other background checks.

☐ By checking this box and electronically signing my name, I accept all the following statements to be true and accurate.

Electronic
Signature

Save & close

Cancel