



**COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC.**

2255 Del Oro Avenue; Oroville, California 95965 (530) 538-7559 FAX (530) 533-7470

INSTRUCTIONS TO APPLICANTS FOR THE POSITION OF:

**SUBSTANCE ABUSE COUNSELOR**

**SALARY**

**RANGE 60 (\$13.41 - \$17.20)**

**OPEN UNTIL SUFFICIENT APPLICATION RECEIVED**

IMPORTANT INFORMATION, PLEASE READ CAREFULLY!

**AGENCY APPLICATION:**

COMPLETE ALL PAGES OF THE APPLICATION. YOUR SIGNATURE IS REQUIRED. DO NOT USE "SEE RESUME" FOR ANY OF THE REQUESTED INFORMATION. **FAILURE TO PROVIDE ANY OF THE REQUIRED INFORMATION WILL RESULT IN THE REJECTION OF YOUR APPLICATION.** APPLICATION PACKETS MAY BE HAND-DELIVERED, FAXED OR SENT BY MAIL.

**COVER LETTER (REQUIRED)**

**RESUME (REQUIRED)**

**LETTERS OF RECOMMENDATION (REQUIRED, 2 ARE RECOMMENDED)**

**JOB RELATED TRANSCRIPTS AND/OR CERTIFICATES (REQUIRED)**

MUST HAVE OR OBTAIN CERTIFIED ADDICTION COUNSELOR CERTIFICATE WITHIN 12 MONTHS OF HIRE

PLEASE SUBMIT APPLICATION PACKET IN THE FOLLOWING ORDER:

1. COVER LETTER (REQUIRED)
2. AGENCY APPLICATION (REQUIRED)
3. RESUME (REQUIRED)
4. LETTERS OF RECOMMENDATION (REQUIRED)
5. JOB RELATED TRANSCRIPTS AND/OR CERTIFICATES (REQUIRED)
6. REFERENCE AND BACKGROUND CHECK PERMISSION (REQUIRED)
7. AFFIRMATIVE ACTION QUESTIONNAIRE (OPTIONAL)

PLEASE NOTE THAT IT IS YOUR RESPONSIBILITY TO PROVIDE ALL COPIES OF DOCUMENTS YOU ARE SUBMITTING. THE COMMUNITY ACTION AGENCY DOES NOT MAKE COPIES FOR APPLICANTS. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

## **SUBSTANCE ABUSE COUNSELOR**

### **DEFINITION**

Under general supervision, to provide intake assessments, treatment planning, and counseling for Substance Abuse clients at the Esplanade House; to conduct educational and other activities designed to prevent alcohol and drug abuse in the County; and to do related work as required.

### **DISTINGUISHING CHARACTERISTICS**

This is a fully experienced Substance Abuse Counselor classification. Incumbents have responsibility for providing a variety of substance abuse counseling services for individuals and groups at the Esplanade House. Incumbents are required to develop case service plans, identify appropriate treatment methods, and use a variety of counseling techniques.

### **REPORTS TO**

Program Director

### **CLASSIFICATIONS SUPERVISED**

This is not a supervisory classification.

### **EXAMPLES OF IMPORTANT AND ESSENTIAL DUTIES** *(The following is used as a partial description and is not restrictive as to duties required.)*

- Performs intake and screening of clients for entry into the substance abuse program;
- Evaluates eligibility for admission to the program;
- Develops client centered service plans;
- Conducts assessments of clients with substance abuse problems;
- Develops treatment plans for clients; provides counseling on an individual/group basis to assist clients in understanding their problems and developing plans to resolve them;
- May work with clients' families to secure their cooperation in programs;
- Advises clients on available community resources and serves as a liaison with organizations and service agencies;
- Makes referrals and other arrangements for client treatment and service, as necessary;
- Prepares and present progress reports on assigned cases;
- Cooperates with professionals from other disciplines in the development of team and collaborative diagnoses and counseling programs;
- Develops recommendations to mitigate client problems and follows-up with clients to assess progress;
- Conducts group sessions and educational programs.

### **TYPICAL PHYSICAL REQUIREMENTS**

Manual dexterity and eye-hand coordination; corrected hearing and vision to normal range; verbal communication; use of office equipment including computers, telephone, copier, and FAX.

### **TYPICAL WORKING CONDITIONS**

Work is performed in office and community shelter environments; work is performed with people who may exhibit unstable and potentially violent behavior; continuous contact with other staff and the public.

**MINIMUM QUALIFICATIONS**

**Knowledge of:**

- Psychological and social aspects and characteristics of substance abuse.
- Drugs and drug abuse patterns, alcoholism, and the physiological effects of drug abuse and alcoholism.
- Methods and techniques for conducting assessments of individuals' substance abuse problems.
- Approved principles and practices of psychological counseling and group therapy.
- Available community resources for substance abuse services.
- Requirements and needs of persons with serious substance abuse problems.
- State and local laws, policies, and procedures governing the administration of alcohol and drug prevention treatment, especially pertaining to an individual's legal rights.

**Ability to:**

- Assess substance abuse problems and develop services to meet client problems, working and consulting with clients and other professional staff.
- Conduct effective individual and group counseling related to substance abuse problems and recovery.
- Recognize a potential crisis and deliver crisis intervention services.
- Handle stress and unstable client behavior.
- Communicate effectively with people from diverse ethnic and socio-economic backgrounds.
- Explain complex and technical terminology and concepts in an understandable and non-threatening manner.
- Establish and maintain a variety of personal and administrative records, documentation, and related materials.
- Effectively represent the Substance Abuse Program in contacts with clients, the public, community organizations, other Agency staff, and other government organizations.
- Establish and maintain cooperative working relationships.

**Training and Experience:**

Any combination of training and experience which would likely provide the required knowledge and abilities is qualifying. A typical way to obtain the required knowledge and abilities would be:

- Two years of experience working in substance abuse counseling and related social services in a public or certified private welfare or health agency.

**Special Requirements:**

- Possession of, or ability to obtain, an appropriate valid California Driver's License.
- Possession of, or ability to obtain within 12 months of being hired into this position, a Certificate as a Certified Addiction Counselor.

**CERTIFICATION:**

I certify that I have read and understand the duties and responsibilities of my job description as outlined above.

\_\_\_\_\_  
(Employee's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

**Community Action Agency of Butte County, Inc. personnel are employed on an at-will basis. Employment at-will may be terminated with or without cause and with or without notice at any time by the employee or the Agency.**



# COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC.

2255 Del Oro Avenue; Oroville, California 95965; Phone: (530) 538-7559; Fax: (530) 533-7470

## EMPLOYMENT APPLICATION

SO THAT YOU WILL RECEIVE FULL CONSIDERATION FOR EMPLOYMENT OPPORTUNITIES AT COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC., PLEASE BE CERTAIN TO FILL IN ALL THE SPACES ON THE AGENCY'S APPLICATION FORM. **IF ANY INFORMATION IS MISSING, YOUR APPLICATION MAY BE REJECTED.**

APPLYING FOR THE POSITION OF: \_\_\_\_\_

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

OTHER NAMES USED: \_\_\_\_\_

PHONE: ( ) MESSAGE PHONE: ( ) SOC. SEC. NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

MAILING ADDRESS: \_\_\_\_\_  
IF DIFFERENT FROM STREET ADDRESS

DRIVER'S LICENSE NO.: \_\_\_\_\_ CLASS: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

### EMPLOYMENT ELIGIBILITY VERIFICATION:

CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES  NO

LIST ANY RELATIVE NOW WORKING FOR THIS AGENCY (PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY): NOT APPLICABLE

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? YES  NO

IF YOU ANSWERED **YES** TO THE ABOVE QUESTION, USE THE SPACE BELOW TO EXPLAIN. (PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY)

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

### EDUCATION AND TRAINING

PLEASE READ THE MINIMUM QUALIFICATIONS SECTION ON THE JOB DESCRIPTION BEFORE FILLING OUT THIS SECTION. PLEASE LIST SPECIFICS THAT QUALIFY YOU FOR THE POSITION, WHICH YOU ARE APPLYING. FAILURE TO LIST REQUIRED QUALIFICATIONS WILL ELIMINATE YOUR FROM CONSIDERATION.

TYPE OF SCHOOL	NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	MAJOR	LIST DEGREE OR DIPLOMA
HIGH SCHOOL					
COLLEGE OR UNIVERSITY					
VOCATIONAL, TRADE OR BUSINESS					

LICENSES/CERTIFICATES (ATTACH DOCUMENTATION):

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

**EXPERIENCE AND EMPLOYMENT HISTORY:**

PROVIDE THE PAST TEN (10) YEARS OR MORE OF PREVIOUS EMPLOYMENT HISTORY (FULL-TIME, PART-TIME, PAID, UNPAID OR VOLUNTEER) PERTINENT TO THE POSITION FOR WHICH YOU ARE APPLYING. **DO NOT USE "SEE RESUME" FOR ANY OF THE REQUESTED INFORMATION ON THIS FORM.** RESUMES MAY BE ATTACHED, BUT WILL NOT BE ACCEPTED IN PLACE OF A PROPERLY COMPLETED CAABCI EMPLOYMENT APPLICATION FORM. ACCOUNT FOR ALL PERIODS (THREE (3) MONTHS OR MORE) OF UNEMPLOYMENT. PLEASE ATTACH ADDITIONAL SHEETS IF NEEDED.

FROM:	TO:	<u>JOB TITLE:</u>	<u>EMPLOYER NAME:</u>	<u>PHONE NO.:</u>
_____	_____			( )
(MM/DD/YYYY)	(MM/DD/YYYY)	<u>SUPERVISOR'S NAME/TITLE:</u>	<u>ADDRESS:</u>	
TOTAL: _____ YR. _____ MO.				
HOURS PER WEEK: _____		SALARY: \$ _____ PER _____	NO. SUPERVISED: _____	<u>REASON FOR LEAVING:</u>
IF YOU ARE CURRENTLY EMPLOYED, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>				
<u>DUTIES:</u>				
FROM:	TO:	<u>JOB TITLE:</u>	<u>EMPLOYER NAME:</u>	<u>PHONE NO.:</u>
_____	_____			( )
(MM/DD/YYYY)	(MM/DD/YYYY)	<u>SUPERVISOR'S NAME/TITLE:</u>	<u>ADDRESS:</u>	
TOTAL: _____ YR. _____ MO.				
HOURS PER WEEK: _____		SALARY: \$ _____ PER _____	NO. SUPERVISED: _____	<u>REASON FOR LEAVING:</u>
<u>DUTIES:</u>				
FROM:	TO:	<u>JOB TITLE:</u>	<u>EMPLOYER NAME:</u>	<u>PHONE NO.:</u>
_____	_____			( )
(MM/DD/YYYY)	(MM/DD/YYYY)	<u>SUPERVISOR'S NAME/TITLE:</u>	<u>ADDRESS:</u>	
TOTAL: _____ YR. _____ MO.				
HOURS PER WEEK: _____		SALARY: \$ _____ PER _____	NO. SUPERVISED: _____	<u>REASON FOR LEAVING:</u>
<u>DUTIES:</u>				

LIST ANY FOREIGN LANGUAGE:

SPEAK: \_\_\_\_\_  
\_\_\_\_\_

WRITE: \_\_\_\_\_  
\_\_\_\_\_

WILL YOU BE ABLE TO PERFORM THE ESSENTIAL JOB FUNCTIONS WITH OR WITHOUT REASONABLE ACCOMMODATIONS?

Yes  No

REFERENCES: LIST BELOW THREE (3) PERSONS NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST THREE (3) YEARS. PROFESSIONAL REFERENCES ARE PREFERABLE.

NAME	ADDRESS	PHONE	OCCUPATION	YEARS KNOWN

PLEASE STATE ANY PREVIOUS EXPERIENCES THAT QUALIFY YOU FOR THE POSITION WHICH YOU ARE APPLYING. \_\_\_\_\_

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I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN CONNECTION WITH THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION IS GROUNDS FOR DISQUALIFICATION FOR FURTHER CONSIDERATION FOR EMPLOYMENT AND/OR IMMEDIATE TERMINATION OF EMPLOYMENT IF DISCOVERED AT A LATER DATE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN. I FURTHER AUTHORIZE THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL PERTINENT INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, PERSONAL OR OTHERWISE. I RELEASE ALL PARTIES FROM LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THE SAME TO YOU. **I UNDERSTAND THAT COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC. IS AN AT-WILL EMPLOYER.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE REQUIRED

\_\_\_\_\_  
DATE



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**REFERENCE AND BACKGROUND CHECK PERMISSION  
FOR PROSPECTIVE EMPLOYEE**

I HEREBY AUTHORIZE ALL CORPORATION, COMPANIES, AGENCIES, CREDIT AGENCIES, SCHOOLS, GOVERNMENT AGENCIES, MILITARY SERVICES AND FORMER EMPLOYERS TO RELEASE INFORMATION THEY MAY HAVE ABOUT ME TO "COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC." OR ITS AGENTS AND EMPLOYEES, AND RELEASE ALL PERSON OR COMPANIES/AGENCIES FROM ANY LIABILITY OR RESPONSIBILITY FROM DOING SO.

FURTHER, I AUTHORIZE THE PROCUREMENT OF A CONSUMER REPORT AND CREDIT CHECK, AND UNDERSTAND THAT SUCH A REPORT MAY CONTAIN INFORMATION ABOUT MY BACKGROUND, CHARACTER, AND PERSONAL REPUTATION. I UNDERSTAND THAT THIS NOTICE WILL ALSO APPLY TO ANY FUTURE UPDATE REPORTS THAT MAY BE REQUESTED.

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**APPLICANT'S PRINTED NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

