

**Serenity Lane Health Services
ADDICTION COUNSELOR TRAINING PROGRAM APPLICATION**

PLEASE PRINT

NAME	Last	First	Middle	Date
ADDRESS	Street	City	State	Zip
Position Applied for: ADDICTION COUNSELOR TRAINEE				Date Available:

	Valid Driver's License? YES NO	State	Over 18 years old? YES NO
If you were hired as a Patient Transporter by Serenity Lane, would you be able to provide proof of eligibility to work in the United States? YES NO			
MILITARY SERVICE	Date of Entry:	Discharge Date:	Branch
			Skills, or special training:
Have you ever been convicted of a felony? YES NO			
Based on the description of a Serenity Lane Addiction Counselor Trainee, are you able to perform consistently and promptly the tasks of a Counselor Trainee? YES NO If no, please explain:			

EDUCATION AND TRAINING			
Name of High School	Where Located	Graduated	YES NO
College or University	Where Located	Degree Earned * or # Yrs Attended	
College or University	Where Located	Degree Earned * or # Yrs Attended	
* College or University Degree (s) Received: _____			
Any other Schooling or Training: _____			

Person(s) to be Contacted in Case of Emergency: Name: _____ Address: _____ _____ Phone# _____ Name: _____ Address: _____ _____ Phone# _____ Name: _____ Address: _____ _____ Phone# _____	REFERENCES: Name: _____ Address: _____ _____ Phone# _____ Name: _____ Address: _____ _____ Phone# _____ Name: _____ Address: _____ _____ Phone# _____
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Record of Previous Employment (Last position first)

Date: From _____ to _____ Position Held: _____
Month/Year Month/Year

Description of Duties: _____

Name of Employer: _____ Name of Immediate Supervisor: _____

Address of Employer or Company: _____
Street City State

Reason for Leaving: _____

Date: From _____ to _____ Position Held: _____
Month/Year Month/Year

Description of Duties: _____

Name of Employer: _____ Name of Immediate Supervisor: _____

Address of Employer or Company: _____
Street City State

Reason for Leaving: _____

Date: From _____ to _____ Position Held: _____
Month/Year Month/Year

Description of Duties: _____

Name of Employer: _____ Name of Immediate Supervisor: _____

Address of Employer or Company: _____
Street City State

Reason for Leaving: _____
(If more space is needed please add attachment.)

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of enrollment, or termination if enrolled.
2. It is my understanding that Serenity Lane may make a thorough investigation of my entire experience and personal history and may verify all data given in my application for the Addiction Counselor Trainee Program, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Serenity Lane and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being accepted as a Counselor Trainee, or if accepted may be subject to immediate dismissal.
3. I agree that my Internship may be terminated by Serenity Lane at any time for failure to perform up to Serenity Lane standards.
4. Although management makes every effort to accommodate individual preferences, business and patient needs may at times make the following conditions mandatory: overtime, shifts, a rotation schedule or a schedule other than Monday through Friday. I understand and accept these as conditions of the Addiction Counselor Training Program

I further understand that this is an application for the Addiction Counselor Training Program and that no employment or acceptance contract is being offered. I understand that if I am accepted, such acceptance is for a definitive period of time.

I have read and understand the above.

Date: _____ Signature: _____