

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

PLEASE PRINT

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

	Valid Driver's License? YES NO	State	Over 18 years old? YES NO
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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:
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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: _____

<p>Person(s) to be Contacted in Case of Emergency:</p> <p>Name: _____</p> <p>Address: _____</p> <p style="text-align: right;">Phone# _____</p> <p>Name: _____</p> <p>Address: _____</p> <p style="text-align: right;">Phone# _____</p> <p>Name: _____</p> <p>Address: _____</p> <p style="text-align: right;">Phone# _____</p>	<p>REFERENCES:</p> <p>Name: _____</p> <p>Address: _____</p> <p style="text-align: right;">Phone# _____</p> <p>Name: _____</p> <p>Address: _____</p> <p style="text-align: right;">Phone# _____</p> <p>Name: _____</p> <p>Address: _____</p> <p style="text-align: right;">Phone# _____</p>
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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 training program 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: _____