

**Serenity Lane Health Services  
COUNSELOR-IN-TRAINING (CIT) PROGRAM APPLICATION**

PLEASE PRINT

<b>NAME</b>	<b>Last</b>	<b>First</b>	<b>Middle</b>	<b>Date</b>
<b>ADDRESS</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
				<b>Telephone Number</b> Home Mobile
<b>Position Applied for:</b> <i>COUNSELOR-IN-TRAINING</i>				<b>Date Available:</b>
		<b>Valid Driver's License?</b> YES NO	<b>State</b>	<b>Over 18 years old?</b> 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				
<b>MILITARY SERVICE</b>	<b>Date of Entry:</b>	<b>Discharge Date:</b>	<b>Branch</b>	<b>Skills, or special training:</b>
Have you ever been convicted of a felony? YES NO				
Based on the description of the Serenity Lane Counselor-In-Training Program, are you able to perform consistently and promptly the tasks of a Counselor-In-Training? YES NO If no, please explain:				
How did you hear about this opportunity/position?				
<b>EDUCATION AND TRAINING</b>				
<b>Name of High School</b> _____		<b>Where Located</b> _____		<b>Graduated</b> YES NO
<b>College or University</b> _____		<b>Where Located</b> _____		<b>Degree Earned * or # Yrs. Attended</b> _____
<b>College or University</b> _____		<b>Where Located</b> _____		<b>Degree Earned * or # Yrs. Attended</b> _____
* College or University Degree (s) Received: _____				
<b>Any other Schooling or Training:</b> _____				
<b>Person(s) to be Contacted in Case of Emergency:</b>			<b>REFERENCES:</b>	
Name: _____			Name: _____	
Address: _____			Address: _____	
Phone# _____			Phone# _____	
Name: _____			Name: _____	
Address: _____			Address: _____	
Phone# _____			Phone# _____	
Name: _____			Name: _____	
Address: _____			Address: _____	
Phone# _____			Phone# _____	

**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 Counselor-In-Training 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-In-Training, or if accepted may be subject to immediate dismissal.
3. I agree that my position as a CIT 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 Counselor-In-Training Program

I further understand that this is an application for the Counselor-In-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: \_\_\_\_\_