

INTERNSHIP APPLICATION

Elated Counseling Services LLC is committed to excellence through diversity. Contract offers are made on the basis of qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. Please attach your resume and complete all questions or your application will be deemed incomplete and may not be considered. Please fill out each box. Applications with missing or invalid job numbers may not be considered for the position.

Name:

Phone:

DOB:

Mailing Address (City, State, and Zip Code)

Email:

Social Security:

School

Current to Oldest

Institution (Name, Place, Country)	Month/Year Attended	Degree Obtained	Major Subjects to Study
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Degree(s) Expected:

Days/Hours Available to Work

No Preference Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Date Available for Internship

From:

To:

I am Seeking

Full-Time Internship

Part-Time Internship

What are your preferred areas of work?

What are your objectives in undertaking an internship with Elated Counseling?

Language

Language Competence: (Specify)	Read Easily/ Not Easily	Write Easily/ Not Easily	Speak Easily/ Not Easily	Understand Easily/ Not Easily

COMFORTABILITY

Please select one (or up to five) area(s) that you feel comfortable doing:

- | | |
|---|---|
| <input type="checkbox"/> Filing | <input type="checkbox"/> Editing/Publications |
| <input type="checkbox"/> Communicating with Clients and People in the Community | <input type="checkbox"/> Creating Marketing Material |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Research |
| <input type="checkbox"/> Running Errands | <input type="checkbox"/> Presentation |
| | <input type="checkbox"/> Other <input style="width: 150px;" type="text"/> |

What are your Career Plans?

EMPLOYMENT

Please describe any previous practical experience you may have had.

WORK/PROFESSIONAL REFERENCES

On the far right, please write/type a "W" for work references, or a "P" for professional references.

Name:	Title:	Phone Number:	Can We Contact?	W/P
<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input style="width: 30px;" type="text"/>
<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input style="width: 30px;" type="text"/>
<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input style="width: 30px;" type="text"/>

INSURANCE

I hereby confirm that i hold a health/accident insurance policy with [redacted] Company.

My Policy Number is: [redacted]

In case of an emergency please notify:

Name:

[redacted]

Phone:

[redacted]

Address:

[redacted]

I certify that the statements made by me in answer to the foregoing questions are true, complete, and correct to the best of my knowledge and belief.

[redacted]

Applicant Signature

[redacted]

Date

OFFICE USE ONLY

[redacted]

Date Application Received

[redacted]

Administrative Director Signature/Date

[redacted]

Clinical Director Signature/Date