



Counselor in Training Application

General Information

Name (First, MI, Last)
Mailing Address
City, State, and Zip Code
Phone Number
Email Address
Date of Birth (required for background check)

Education

Middle School		
School	Start (Month & Year)	Current grade
High School		
School	Start (Month & Year)	Graduation (expected if you have not graduated yet)

Work History (if applicable)

Job Title	Start Date	End Date
Employer		Wage
Name of Supervisor	Supervisor Phone Number	Supervisor Email
May we contact this employer? Yes No	Reason for leaving?	

Volunteer History

Organization	Event	Date	Number of Hours

References (only one required)

Name	Relationship	Phone Number	Email

My signature attests to the completeness and accuracy of the information herein, and also constitutes authority to verify any and all information submitted on this application. I also understand that any false statements or omissions may lead to my not being considered for employment, or if offered employment, my dismissal.

Signature: _____

Date: _____