



## Application for Employment

Date: \_\_\_\_\_

Name (First, M.I., Last) : \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_.com

Mailing Address: \_\_\_\_\_

City, State, Zip Code: City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position Applying for:

- Counseling Internship
- Counseling Practicum
- Pre-Licensed Counselor
- Licensed Counselor
- Administrative Assistant

Licensing Track (if applicable): \_\_\_\_\_

Desired Wage: \_\_\_\_\_/Hour How Many Hours a Week Can You Work? \_\_\_\_\_

Availability: \_\_\_\_\_

### Education:

School \_\_\_\_\_

Major & Degree \_\_\_\_\_

Start Date: \_\_\_\_\_ Graduation Date \_\_\_\_\_

School \_\_\_\_\_

Major & Degree \_\_\_\_\_

Start Date: \_\_\_\_\_ Graduation Date \_\_\_\_\_

School \_\_\_\_\_

Major & Degree \_\_\_\_\_

Start Date: \_\_\_\_\_ Graduation Date \_\_\_\_\_

Describe your experience with using technology and electronic medical records:

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**Work Experience:**

Employer 1: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Last Position Held: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Employer 2: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Last Position Held: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Employer 3: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Last Position Held: \_\_\_\_\_

Job Duties: \_\_\_\_\_

**References:**

1) Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_.com

2) Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_.com

3) Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_.com

**Thank you for your application. We look forward to speaking with you soon!**

www.trilogycounselingmn.com

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