

# Synergy Counseling, LLC

We are an Equal Opportunity Employer and is committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

## Application

### Personal Information

Name

Address	City	State	Zip
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Phone Number	Mobile Number	Email Address	
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Have you been in personal counseling?	If Yes, how many sessions?	Do you have a religious affiliation? (optional)	Are you a US Citizen?
Yes      No		Yes      No	Yes      No

Have you ever been convicted of a felony?	If Yes, please explain.
Yes      No	

### Goals for Internship or Residency

### Education

School Name	Location	Years Attended	Degree Received	Major

### References

Name	Title	E-mail	Phone

## Employment History

<b>Employer (1)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (2)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (3)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (4)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

## Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Name (Please Print)	Signature
Date	

**\*\*Please attach a cover letter, resume, unofficial transcript and any other information you think might be helpful in considering your application.**