SPRING LIFE COUNSELING

970 Woodstock Parkway STE 210
Woodstock, GA 30188
678-653-3272 | www.springlife.org

Licensed Clinician Application

NAME:_____ DOB:_____
Current Address:_____
_____
Phone:_____ Email:_____

Educational Background

Undergraduate School:_____
Major:_____ GPA:_____ Graduation Date:_____
Graduate School:_____
Major:_____ GPA:_____ Graduation Date:_____

Practicum/Internship Experience

Site: _____Dates:_____
Site: _____Dates:_____
Site: _____Dates:_____

Areas of Specialization During Internship: _____
_____
_____
_____

Availability

DAY	Check if Available	Please list hours available and or any additional comments related to availability
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Sunday		

Questions

Please answer the following questions. You may add pages/use back as needed.

Why have you chosen to apply for a position with Spring Life?

Please describe your approach to counseling, including theoretical orientation, modalities utilized, and any specialized training you have.

Please describe how you came to a belief in Jesus Christ, the impact your relationship with God has in your life and significant spiritual growth and services opportunities that you have experienced.

How has your spiritual journey influenced your decision to become a counselor and how do you see yourself implementing your faith into the counseling process?

Describe the population that you would like to work with the **most** or any presenting challenges you are passionate about. (i.e. children, singles, anger management, neurodivergence, etc.)

Give the demographics, areas of focus you are open to working with, and areas you DO NOT want to serve, providing a **complete** picture of the populations you are interested in serving. (i.e. Children (10-17), Women, Couples, Anxiety, Depression, Relational Challenges. Would like to avoid personality disorders.)

Is there anything else you would like us to know about you?

References:

Name: _____

Email:_____Phone: _____

Name: _____

Email:_____Phone: _____

Name: _____

Email:_____Phone: _____

Consent for Background and Reference Checks

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Spring Life Counseling and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Spring Life Counseling or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

_____ _____

Signature Date