

Counselor/Therapist Position Application Form

Thank you for your interest in joining our team here at Project Ember. Please complete all sections thoroughly. Attach additional pages if needed.

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**I. Personal Information**

Full Name: \_\_\_\_\_

Preferred Name (if different): \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you legally authorized to work in the U.S.?       Yes       No

Position Applying For: \_\_\_\_\_

Available Start Date: \_\_\_\_\_

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**2. Education and Training**

Highest Degree Earned: \_\_\_\_\_

Field of Study: \_\_\_\_\_

Institution: \_\_\_\_\_

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

Additional Degrees, Certifications, or Specialized Training:

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**3. Status / Licensure / Credentials**

Status / Licensure (e.g., Intern, Candidate, LPC, LMFT, etc.): \_\_\_\_\_

License / Candidate Number (if applicable): \_\_\_\_\_

State Issued (if applicable): \_\_\_\_\_

Expiration Date (if applicable): \_\_\_\_\_

License Status (if applicable):    Active       Pending       Other \_\_\_\_\_

Professional Affiliations: \_\_\_\_\_

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#### 4. Clinical Experience

Total Years of Counseling/Therapy Experience: \_\_\_\_\_

Primary Clinical Settings (check all that apply):

- Private Practice
- Community Mental Health
- Hospital / Medical Setting
- School / University
- Residential Treatment
- Telehealth
- Other: \_\_\_\_\_

Populations Served (check all that apply):

- Children
- Adolescents
- Adults
- Couples
- Families
- Groups
- Other: \_\_\_\_\_

Areas of Clinical Focus / Specialization:

Therapeutic Modalities / Approaches Used:

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#### 5. Professional Experience

Current or Most Recent Employer: \_\_\_\_\_

Position Title: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Primary Responsibilities:

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving (if applicable): \_\_\_\_\_

## 6. Supervision and Professional Development

Have you received clinical supervision?       Yes       No

If yes, describe the type and duration:

Continuing Education Completed in the Past 2 Years (if applicable):

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## 7. Professional Statement

Please briefly describe your counseling philosophy and approach to client care:

Why are you interested in this position?

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## 8. References

### Reference 1

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Reference 2

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Reference 3

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## 9. Background Information

Have you ever been subject to disciplinary action by a licensing board?

No  Yes (please explain)

Are you willing to complete a background check if required?

Yes  No (please explain)

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## 10. Applicant Certification

I certify that the information provided in this application is accurate and complete to the best of my knowledge. I understand that any misrepresentation or omission may disqualify me from employment consideration or result in termination if hired.

Applicant Signature: \_\_\_\_\_

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

\* Please submit completed application along with your resume and any requested supporting documents to [contact@project-ember.com](mailto:contact@project-ember.com)