



SAMARITAN
COUNSELING CENTER
OF SOUTHEAST TEXAS

Application for Internship/Associate Position

First Name:	Last Name:
Phone:	Email:
University:	Degree:
Graduation Date:	Proposed Start Date: Proposed End Date:
Hours Needed: Clinical/Direct: Indirect:	Days/Times Available: Monday: AM PM Tuesday: AM PM Wednesday: AM PM Thursday: AM PM Friday: AM PM
Locations you are available to see clients: ____ School Based Services ____ Beaumont ____ Port Arthur ____ Orange	
Areas of Strength:	Areas for Growth:

Along with completed application, please attach the following:

- Resume
- 2 Letters of Reference
- Criminal Background Check form

Email all documents to: natashias@sccset.org



In the interest of maintaining the safety and security of our customers, employees and property, Samaritan Counseling Center of Southeast Texas will order a background report on you in connection with your employment application, and if you are hired, may order additional background reports on you for employment purposes.

The background check company, Verifyi, will prepare the background report for Samaritan Counseling Center. The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; drug testing results; and, if applicable, worker's compensation injuries. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. Credit history will only be requested when permitted by law and where such information is substantially related to the duties and responsibilities of the position for which you are applying. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors.

After carefully reading this Background Check Disclosure and Authorization form, I authorize Samaritan Counseling Center of Southeast Texas to order my background report. I understand that Samaritan may rely on this authorization to order additional background reports during my employment without asking me for my authorization again as allowed by law.

I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

The information requested below is collected solely for the purpose of aiding in Samaritan Counseling Center of Southeast Texas in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check.

Samaritan Counseling Center of Southeast Texas

Criminal Background Check Authorization

First Name _____

Middle Name _____

Last Name _____

Date of Birth ____/____/____ (Month/Day/Year) Social Security Number _____

Driver's License Number _____ State Issuing License _____

Enter Any Other Names Used (including maiden names):

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

Addresses Within The Past Seven Years (use a separate sheet as needed)

Present Street Address _____

City/State/ZIP _____

Prior Street Address _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

City/State/ZIP _____

Prior Street Address _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

City/State/ZIP _____

Signature

Date: ____/____/____