

# ROAD TO RECOVERY

BEHAVIORAL HEALTH AND SUBSTANCE ABUSE SERVICES

## GRADUATE STUDENT APPLICATION

(PLEASE PRINT)

TODAY'S DATE : \_\_\_\_\_

NAME: \_\_\_\_\_  
*Last First Middle*

ADDRESS: \_\_\_\_\_  
*Number Street City State Zip Code*

TELEPHONE: \_\_\_\_\_  
*Home Cellular*

E-MAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_  
*Include State of Issuance*

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT NUMBER: \_\_\_\_\_

DO YOU SMOKE?  YES  NO

University/College: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Information (email/phone): \_\_\_\_\_

Practicum Starting Date: \_\_\_\_\_

Practicum Ending Date: \_\_\_\_\_

Are you available 20 hours?  YES  NO  
Are you available evenings?  YES  NO  
Are you available weekends?  YES  NO  
Are you available weekdays?  YES  NO

Can you travel if the practicum requires it?  YES  NO

Are you bilingual and/or multilingual?  YES  NO

Have you ever been arrested for any reason? If yes, explain.  YES  NO

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**LIST YOUR EDUCATION HISTORY:**

High School Name: \_\_\_\_\_

City and State: \_\_\_\_\_ Grad. Date: \_\_\_\_\_

Undergraduate School: \_\_\_\_\_

Degree attained: \_\_\_\_\_ Year: \_\_\_\_\_

Graduate School: \_\_\_\_\_

Degree attained: \_\_\_\_\_ Year: \_\_\_\_\_

**LIST YOUR LICENSES AND/OR CERTIFICATIONS:**

LICENSED IN (Number/State): \_\_\_\_\_

CERTIFIED IN (Number/State): \_\_\_\_\_

OTHER (Number/State): \_\_\_\_\_

OTHER (Number/State): \_\_\_\_\_

**LIST YOUR WORK EXPERIENCE:**

*(Start with last place of employment or current employer)*

EMPLOYER: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**POSITION HELD:** \_\_\_\_\_

**DESCRIBE ANY SPECIALIZATIONS, SKILLS, EXTRA-CURRICULAR ACTIVITIES, TRAININGS:**

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

**LIST ANY PROFESSIONAL TRADE, ASSOCIATIONS, BUSINESS OR CIVIC ORGANIZATIONS MEMBERSHIPS.**

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

**SPECIALIZED SKILLS:**

- |   |  |
|---|--|
| <input type="checkbox"/> Typing - WPM _____   | <input type="checkbox"/> Microsoft Word      |
| <input type="checkbox"/> Microsoft Excel  | <input type="checkbox"/> Microsoft Outlook   |
| <input type="checkbox"/> Power Point  | <input type="checkbox"/> Car for use at site |
| <input type="checkbox"/> Bilingual- Fluent knowledge of Spanish and English         |  |
| <input type="checkbox"/> Available for flexible hours including nights and weekends |  |
| <input type="checkbox"/> Valid Georgia Driver's License                             |  |
| <input type="checkbox"/> Accounting/Managing experience                             |  |

**LIST TWO PERSONAL/PROFESSIONAL REFERENCES:**

**NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **BEST TIME TO CALL:**  AM  PM

**OCCUPATION:** \_\_\_\_\_ **KNOWN FOR:** \_\_\_\_\_  
(# Of Years)

**NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **BEST TIME TO CALL:**  AM  PM

**OCCUPATION:** \_\_\_\_\_ **KNOWN FOR:** \_\_\_\_\_  
(# Of Years)

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

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## CONFIDENTIALITY STATEMENT

As an Employee/Independent Contractor/Student Intern of The Road to Recovery, Inc. a Psychological Counseling Center, I understand that ALL records are confidential under Georgia Law, Section 40-5-82 (d) of the Georgia Code which prohibits me from disclosing a client/patient's identity, evaluation information, or any other information to ANYONE (including family members, employers, lawyers and friends, etc.) except to the Georgia Department of Human Resources (DHR) and the Georgia Department of Public Safety (DPS), unless the client has signed a written RELEASE OF INFORMATION giving consent and authorizing the disclosure of said information.

I further understand that the records kept at The Road to Recovery, Inc., are confidential patient/client psychological record protected under applicable state laws governing information that relates to mental health services and the federal regulations governing confidentiality of Alcohol & Drug Abuse Patient Records CFR 2 Part 2. These records are also protected by HIPAA. Re-disclosure or transfer without written consent of the patient/client or his/her legal guardian is strictly prohibited by law.

All Facsimile/Email messages and any attached documents/files are confidential and are intended solely for the use of the addressee(s) named above. Communications sent electronically may contain material protected by the privilege of confidentiality accorded to licensed psychologists by law in the State of Georgia.

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PRINT – EMPLOYEE/CONTRACTOR/GRADUATE STUDENT NAME

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SIGNATURE

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DATE

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## **DRUG-FREE WORK ENVIRONMENT**

It is company policy to prohibit the use, sale, dispensing or possession of illegal drugs or alcoholic beverages on its premises. This also covers all legal prescription drugs which impair an employee/contractor/student intern's ability to perform his/her job safely and properly. A violation of this policy can result in an action being taken against the offending employee/contractor, including termination.

The Road to Recovery, Inc. will not condone an employee/contractor/student intern who is under the influence of any illegal drugs or alcohol while working. Employees/contractors/student interns, their possessions, and company-issued property are subject to search and surveillance at all times on company premises or while on company business. The Road to Recovery, Inc. may test employees for drugs or alcohol when there is reasonable suspicion to warrant such testing.

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PRINT – EMPLOYEE/CONTRACTOR/GRADUATE STUDENT NAME

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SIGNATURE

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DATE

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## SEXUAL HARASSMENT STATEMENT

The Road to Recovery, Inc. will not tolerate verbal or physical conduct by any employee/contractor/student intern which harasses, disrupts or interferes with another's work performance or which creates an intimidating, offensive or hostile work environment.

While all forms of harassment are prohibited, it is the agency's policy to emphasize that sexual harassment is specifically prohibited. Each employee/contractor/student intern has a responsibility to maintain the work place free from any form of sexual harassment. No supervisor/manager/director shall threaten or insinuate, either explicitly or implicitly that an employee/contractor/student intern's refusal to submit to sexual advances will adversely affect the employee/contractor/student intern's employment, evaluation, wages, advancement, assigned duties, shifts or any other condition of employment or career development.

## NON-VIOLENCE STATEMENT

The Road to Recovery, Inc. will not tolerate verbal or physical conduct and/or behaviors by any employee/contractor/student intern which harasses, disrupts or interferes with another's work performance or which creates an intimidating, offensive or hostile work environment.

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PRINT – EMPLOYEE/ CONTRACTOR/GRADUATE STUDENT NAME

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SIGNATURE

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DATE

Mail this application to:

**Road To Recovery, Inc.**  
**Internship Program**  
3155 Presidential Drive Suite #104  
Atlanta, Georgia 30340