



3550 Lexington Ave N. Suite 100  
Shoreview MN, 55126  
P: 651-583-5565 F:651-583-5566

## Application for Employment and Internships

### Basic Information

Full name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

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

SSI: \_\_\_\_\_ Authorized to work in US: \_\_\_ Yes \_\_\_ No \_\_\_ Other

### License

License Type/Track: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

### Position Applying for

\_\_\_ Licensed Therapist \_\_\_ Unlicensed Therapist \_\_\_ Internship \_\_\_ Full-time \_\_\_ Part-time

### Schedule/Availability

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

\_\_\_ In-person \_\_\_ Telehealth in office \_\_\_ Remote

\*\*\*All other important information should be included in your resume or cover letter\*\*\*

Please email this application, resume and cover letter to [office@ardenshoresmn.com](mailto:office@ardenshoresmn.com)

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Office notes: