



**NCADD**

Westchester, Inc.

*The National Council on Alcoholism and Drug Dependence | Westchester, Inc.*

## APPLICATION - CASAC Training Program

**Location**

250 Bryant Ave. Courtyard Entrance (White Plains NY) - Week Nights  or Saturdays

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### PERSONAL INFORMATION

DATE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

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### EDUCATION

YRS OF HIGH SCHOOL: \_\_\_\_\_ (PLEASE ATTACH GED OR HS DIPLOMA)

YRS OF COLLEGE: \_\_\_\_\_ DEGREE: \_\_\_\_\_ MAJOR: \_\_\_\_\_

COLLEGE ATTENDED: \_\_\_\_\_

GRADUATE DEGREE: \_\_\_\_\_ COLLEGE ATTENDED: \_\_\_\_\_

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## WORK EXPERIENCE

OCCUPATION: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PHONE: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

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## REFERENCES (PLEASE PROVIDE 3 PERSONAL AND/OR PROFESSIONAL REFERENCES)

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

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NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

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NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_



