

**EMPLOYMENT APPLICATION**

Completion of this application in no way constitutes an offer of employment. The information requested is required to provide us with information necessary to consider you for the position for which you are applying.

**Applicant Information:**

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

**Date Available** \_\_\_\_\_ **Desired Salary** \_\_\_\_\_ Desired Position \_\_\_\_\_

Type of Employment Sought?  Part-Time  Full-Time

Can you work Weekends (Saturday/Sunday)?  Yes  No

Are you eligible for employment in the USA?  Yes  No

If applying for a direct service provider position, are you at least 21 years of age or older? (If yes, verification will be required if employed)  Yes  No

Have you earned a high school diploma or GED? (If yes, verification will be Required upon employment).  Yes  No

Have you ever worked for this company?  Yes  No If yes, When? \_\_\_\_\_

**Criminal Background Information (All Applicants)**

Have you ever been convicted of a Felony?  Yes  No If you answered yes, please explain below:

**Education And Training**

Name of High School or GED Testing Site? ( for verification purposes) \_\_\_\_\_

Have you completed Certified Peer Support Training? YES or NO

If yes ,Where \_\_\_\_\_, date of completion/ testing: \_\_\_\_\_

Name of College or University \_\_\_\_\_

Did you Earn a degree?  Yes  No Type of Degree Earned \_\_\_\_\_

**Employment History**

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List all past employers, beginning with the most recent first.	
Company Name: _____	Phone Number _____
Hours per week _____	Dates Worked: From (Mo/Yr) _____ To (Mo/Yr) _____
Address _____	
Position _____	Starting Salary _____ Ending Salary _____
Responsibilities:	
Reason for leaving:	
May we contact this employer for a reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you eligible for re-hire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	
Company Name: _____	Phone Number _____
Hours per week _____	Dates Worked: From (Mo/Yr) _____ To (Mo/Yr) _____
Address _____	
Position _____	Starting Salary _____ Ending Salary _____
Responsibilities:	
Reason for leaving:	
May we contact this employer for a reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you eligible for re-hire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	
Company Name: _____	Phone Number _____
Hours per week _____	Dates Worked: From (Mo/Yr) _____ To (Mo/Yr) _____
Address _____	
Position _____	Starting Salary _____ Ending Salary _____
Responsibilities:	
Reason for leaving:	
May we contact this employer for a reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you eligible for re-hire?	<input type="checkbox"/> Yes <input type="checkbox"/> No

