

APPLICATION FOR EMPLOYMENT

It is the policy of the PROJECT RETURN PEER SUPPORT NETWORK to provide equal employment opportunity to all qualified applicants and employees without regard to race, color, religion, ancestry, national origin, sex, age (40+), marital status, sexual orientation, veteran's status or presence of a disability.

NOTICE: WE ARE COMMITTED TO MAINTAINING A DRUG-FREE WORK ENVIRONMENT. Pre-employment or other drug testing may be required of applicants or employees.

PLEASE PRINT OR TYPE

Today's Date: _____

YOUR PERSONAL INFORMATION

Last Name	First Name	M.I.
Address	City	State Zip Code
Telephone Number(s)	Email Address	

YOUR POSITION INFORMATION

What type of employment are you seeking? Fulltime Parttime temporary Any

Position(s) desired: _____

Salary expected: _____ Date available for employment: _____

Are there any days or hours you cannot/will not work? _____

Can you work overtime if required? yes no Are you at least 18 years old? yes no

If offered a job, can you provide proof of your identity and legal right to work in the United States? yes no

Have you ever worked for PRPSN before? If yes, list dates and job title: _____

List any family members or acquaintances who work for PRPSN:

Can you perform the essential functions of the job for which you are applying? yes no
 IF NO, please explain: _____

List any other names you have used under which your past employment, education and/or training can be verified:

How did you hear about our job opening, or what prompted you to apply for employment with PRPSN?

ANSWER THE FOLLOWING IF APPLYING FOR A JOB REQUIRING THE USE OF A CAR:

Do you have a valid driver's license? yes no License Number: _ Issuing State: _
Do you have current, valid insurance for your car? yes no

VERIFICATION OF EMPLOYMENT

May we contact your current employer? yes no

If you have any previous employers you do not wish us to contact, please list them here plus the reason they may not be contacted:

YOUR EDUCATION

Type of School	NAME and LOCATION	# of years completed	Did you graduate?	Major Studies	Degree/Diploma Awarded
High School			<input type="checkbox"/> yes <input type="checkbox"/> no		
College			<input type="checkbox"/> yes <input type="checkbox"/> no		
College			<input type="checkbox"/> yes <input type="checkbox"/> no		
Other			<input type="checkbox"/> yes <input type="checkbox"/> no		

PROFESSIONAL LICENSE

License Number #	NAME on LICENSE	Date Issued	Expiration Date	Name of Issuing Authority	License Type

YOUR MILITARY EXPERIENCE

List any military experience you have that may be relevant to the position for which you are applying. If relevant, also include your branch of service, highest rank attained, and any special training you received. Also list your type of discharge OR any reserve obligations you may have:

YOUR JOB TRAINING and JOB SKILLS

In addition to your work history, do you have any other background, life experiences, classes, seminars, credentials, licenses, special skills, talents or aptitudes, foreign language skills, knowledge of office, business or technical equipment, or any other qualifications that especially qualify you for the position you are seeking?

YOUR PRIOR EMPLOYMENT

Start with your present or last job. Please account for all periods of employment, job-related military service assignments, significant volunteer experiences and period(s) of unemployment.

Employer:	Phone Number:	From:	To:
Address:		City, State Zip:	
Job Duties:		Position:	
		Supervisor's Name:	
Reason for leaving:			

Employer:	Phone Number:	From:	To:
Address:		City, State Zip:	
Job Duties:		Position:	
		Supervisor's Name:	
Reason for leaving:			

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Address:		City, State Zip:	
Job Duties:		Position:	
		Supervisor's Name:	
Reason for leaving:		:	

YOUR PERSONAL INTERESTS

What are your current job goals?

What are your long-range goals?

List your membership(s) in professional or community organizations (you may exclude those that would indicate the race, color, religion, ancestry, gender, age, national origin, marital status, veteran's status, sexual orientation, disability or other status of its members):

EMPLOYMENT VERIFICATION and AUTHORIZATION
(READ CAREFULLY BEFORE SIGNING)

I understand this Application for Employment is not in any way a contract or agreement of employment. I understand an offer of employment with the PROJECT RETURN PEER SUPPORT NETWORK may be subject to any or all of the following: successful completion of a job-related physical examination, possibly including a test for TB and a screen for illegal drugs or alcohol, successful passing of job-related testing, a review of work history, references, credentials, educational degree(s) or other background information, and proof of my identity and right to work in the United States. If I am hired, I understand additional personal information about me will be required to determine if I or any of my dependents are eligible for Agency-sponsored benefits, and for statistical/government reporting purposes.

I acknowledge the facts I have stated on this Application are true and complete to the best of my knowledge. I understand any falsification or omission of information on this Application may be cause to deny me employment, or if already hired, cause for dismissal.

If I am hired, I agree to abide by the policies and procedures of the PROJECT RETURN PEER SUPPORT NETWORK. I acknowledge that the Agency is an at-will employer, and understand my employment and compensation can be ended at any time by either myself or the Agency, with or without cause or notice. I understand no person employed by the Agency may enter into an employment agreement with me for a specified or indefinite period of time, nor in any way make an agreement contrary to the Agency's at-will policy. To be binding, any agreement contrary to the at-will policy must be made by a motion of the Board of Directors, be in writing, and be signed by both myself and the Chairman of the Board of Directors.

Signature

Date