



Inter - Connections, Inc.

Mind Body Spirit

209 W. Maumee St.

Adrian, MI 49221

517-265-9588

Job Application: Peer Support Specialist

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Background Information

Have you ever used mental health care services (inpatient and/or outpatient, public or private)? _____

When? _____ Where? _____

Have you ever used substance use services (inpatient and/or outpatient, public or private)? _____

When? _____ Where? _____

Use additional sheets of paper if necessary.

Have you ever had a checking account? _____ When? _____

Have you ever been bonded? _____ When? _____ Were you ever denied bonding? _____

Do you own a car? _____ Do you have a valid driver's license? _____ Do you use other transportation? _____ Please describe _____

Have you ever been convicted of a felony? _____

Mission Statement: Inter-Connections, Inc. provides support and acceptance for individuals in the community who have lived with a mental illness or substance use disorder with mental illness.

Thoughts About This Position

Why are you interested in this position? _____

How do you feel you would benefit from this position? _____

What can you offer to people using the Center? _____

What can Inter-Connections, Inc. offer to people? _____

What area resources do you feel would be beneficial to individuals using the Drop-In? _____

If you have any health concerns that may interfere with completing the duties of the position, please list them.

Education

Did you graduate from high school? _____ Do you have a GED? _____

Have you attended college? _____ What is your major? _____

What level of education did you reach (ex. Freshman, Sophomore, etc.)? _____

Other education received (Vocational Rehabilitation, Graduate School, Trade School, etc.) _____

Work History

List your last three jobs and whether they were paid or volunteer.

1. Employer: _____

Job Duties: _____

Dates of employment: _____ Paid or Volunteer _____

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2. Employer: _____

Job Duties: _____

Dates of employment: _____ Paid or Volunteer _____

3. Employer: _____

Job Duties: _____

Dates of employment: _____ Paid or Volunteer _____

Please provide three references we can contact.

NAME	RELATIONSHIP	PHONE NUMBER (WITH AREA CODE)

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