

209 W. Maumee St. Adrian, MI 49221 517-265-9588

Job Application: Recovery Coach

Date:		
Name:		
City:	State:	Zip:
Phone Number:	·	
Background Information		
Have you ever used mental health o	are services (inpatient a	and/or outpatient, public or private)?
When?	Where?	
Have you ever used substance use s	services (inpatient and/	or outpatient, public or private)?
When?	Where?	
Use additional sheets of paper if ne	ecessary.	
Have you ever had a checking accou	ınt?	When?
Have you ever been bonded?	When?	Were you ever denied bonding?
		's license? Do you use other
Have you ever been convicted of a f	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	on?	
How do you feel you would benefit f	rom this position?	
What can you offer to people using t	the Center?	
What can Inter-Connections, Inc. off	er to people?	
What area resources do you feel wo	uld be beneficial to individua	als using the Drop-In?
		ing the duties of the position, please list them
Education		
Did you graduate from high school?		Do you have a GED?
Have you attended college?		,
		e, etc.)?
		chool, Trade School, etc.)
other education received (vocations	ar nerialinearion, Graduate 30	
Work History		
List your last three jobs and whether	they were paid or volunteer	r.
Job Duties: Dates of employment:		Paid or Volunteer

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2. Employer:	
Job Duties:	
Dates of employment:	
3. Employer:	
Job Duties:	
Dates of employment:	
Please provide three references we can contact.	

NAME	RELATIONSHIP	PHONE NUMBER (WITH AREA CODE)