

**Application for Employment**

**Position: Peer Recovery Coach**

**Date of Application:** Click or tap to enter a date.

**Section 1: Personal Information**

* **Full Name:** Click or tap here to enter text.
* **Date of Birth:**  Click or tap to enter a date.
* **Phone Number:** Click or tap here to enter text.
* **Email Address:** Click or tap here to enter text.
* **Home Address:** Click or tap here to enter text.

**Section 2: Employment Eligibility**

* Are you legally eligible to work in the U.S.? [ ]  Yes [ ] No
* Do you have a valid driver’s license? [ ]  Yes [ ] No
* Can you pass a background check (if required)? [ ] Yes [ ] No If no, please describe:Click or tap here to enter text.
* Are you willing to travel locally for peer support? [ ] Yes [ ] No

**Section 3: Education and Training**

* **Highest level of education completed:**
[ ] High School/GED
[ ] Some College
[ ] Associate’s Degree
[ ] Bachelor’s Degree
[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Peer Recovery Coach Certification**
[ ] Yes – Please attach a copy
[ ]  No – Are you willing to obtain certification? ☐ Yes ☐ No
* **Other Relevant Training or Certifications:**Click or tap here to enter text.

**Section 4: Recovery Experience (Confidential)**

* Are you currently in recovery? [ ] Yes [ ] No
* Length of recovery (if applicable): Click or tap here to enter text.years/months
* Briefly describe your recovery journey and what led you to want to help others (optional but encouraged):Click or tap here to enter text.

**Section 5: Work & Volunteer Experience**

**Most recent or relevant experience:**

* **Organization:**Click or tap here to enter text.
* **Role/Title:** Click or tap here to enter text.
* **Dates of Service:** From Click or tap here to enter text. to Click or tap here to enter text.
* **Responsibilities:**Click or tap here to enter text.

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* **Responsibilities:** Click or tap here to enter text.

**Section 6: Skills and Strengths**

* What strengths do you bring to the role of a Peer Recovery Coach?

Click or tap here to enter text.

* How do you maintain your own recovery and wellness?

Click or tap here to enter text.

**Section 7: References**

Please provide two professional or recovery-related references:

1. **Name:** Click or tap here to enter text.
**Relationship:** Click or tap here to enter text.
**Phone/Email:**Click or tap here to enter text.
2. **Name:** Click or tap here to enter text.
**Relationship:** Click or tap here to enter text.
**Phone/Email:** Click or tap here to enter text.

**Section 8: Signature and Acknowledgment**

I certify that the information provided is true and complete to the best of my knowledge. I authorize Pinnacle Recovery Services to contact references and verify any information provided in this application.

**Signature:** Click or tap here to enter text.
**Date:** \_\_\_ / \_\_\_ / \_\_\_\_\_

Once completed, please email to meet.pinnacle@gmail.com or fax to 517-580-8659. You may also drop off a paper application at our location 3410 Old Lansing Rd. Lansing MI 48917