



POSITION APPLIED FOR

Position Title:	Your Availability: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Weekend <input type="checkbox"/> Night <input type="checkbox"/> Day	Today's Date:
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PERSONAL INFORMATION

Last Name		First		Middle	
Address Street		City		State	Zip
Home Phone #	Cell Phone #	Work Phone #	E-mail Address		
Please list someone to contact in the event we are unable to reach you.		Contact's Phone #	Contact's Cell Phone#		
How did you find out about this job opening?					
<input type="checkbox"/> Craigslist		<input type="checkbox"/> PSAN Website		<input type="checkbox"/> Newspaper Ad	
<input type="checkbox"/> Employee Referral (Name) _____		<input type="checkbox"/> Job Service/CPPC		<input type="checkbox"/> Walk-in	
<input type="checkbox"/> Other _____					
Are you authorized to work in the U.S.?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Date available to start work:	
Do you have a current valid driver's license?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of felony or misdemeanor?		When:			
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever filed an application with us?		When:			
<input type="checkbox"/> Yes <input type="checkbox"/> No					

EDUCATION – List most recent first.

Name of School	City/State	Type of Degree	GPA	Major

PROFESSIONAL & COMMUNITY INVOLVEMENT – List most relevant

Name of Organization	Position or Type of Activity	Duration of Involvement	Awards	Reason for Ending Involvement

REFERENCES – List current supervisor and/or two personal/professional/academic references.

Name	Occupation	City/State	Years Known	Phone

EMPLOYMENT HISTORY (Last 10 years)

Dates Employed (month/year) From: _____ To: _____		Company Name / Address:
Salary Start:	Salary Finish:	Position Title/Duties:
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk		
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:
Reason For Leaving:		
Dates Employed (month/year) From: _____ To: _____		Company Name / Address:
Salary Start:	Salary Finish:	Position Title/Duties:
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk		
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:
Reason For Leaving:		
Dates Employed (month/year) From: _____ To: _____		Company Name / Address:
Salary Start:	Salary Finish:	Position Title/Duties:
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk		
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:
Reason For Leaving:		
Dates Employed (month/year) From: _____ To: _____		Company Name / Address:
Salary Start:	Salary Finish:	Position Title/Duties:
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk		
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:
Reason For Leaving:		
Dates Employed (month/year) From: _____ To: _____		Company Name / Address:
Salary Start:	Salary Finish:	Position Title/Duties:
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk		
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:
Reason For Leaving:		

GAPS IN EMPLOYMENT (month/year) for gaps of 1 month or more:

From:	To:	Reason:
From:	To:	Reason:
From:	To:	Reason:

TRAINING AND LICENSING:

In the box below, briefly indicate what training/licensing or other professional/personal background information and career goals which would be pertinent in your employment with PSAN.

PLEASE READ CAREFULLY AND SIGN

I certify that the above statements are correct. I understand that any false information (or omissions) in this application, or its supporting documents, will be sufficient grounds for refusal to hire me or termination without notice. I also understand that employment with the Peer-Support and Advocacy Network is contingent on completion of a pre-employment drug screen.

Applicant's Signature _____ Date _____

Mail, email or fax your signed application and background release form to:

**PSAN
Human Resource Department
938 Penn Avenue Suite 703
Pittsburgh, PA 15222
Fax: (412) 227-0849**

EQUAL EMPLOYMENT STATEMENT:

Peer Support and Advocacy Network considers all applicants without regard to race, color, religion, sex, sexual orientation, national origin, age, veteran status, qualified disability or handicap, or any legally protected status.

Applications will be kept on file for one year
RELEASE OF BACKGROUND INFORMATION

Only human resource personnel will have access to this information and will be kept separate from the employee's personal file.

I authorize the Peer-Support and Advocacy Network (PSAN) to perform a background investigation in connection with my application for employment and if hired; at any time thereafter as they may see fit. This investigation may include information as to my financial status, credit, school history, criminal arrests and convictions, Department of Motor Vehicle records, references, previous employers, and any other relevant personal records that PSAN deems necessary.

I authorize the release of any information that the Peer-Support and Advocacy Network may request from any and all of the above sources. A copy of this release shall be valid as the original document. I also understand and agree that all information received by PSAN as a result of this investigation connected with my application is confidential and shall only be used for employment purposes. If credit or criminal information is used to disqualify me, that information will be made available to me.

Please check only one:

- American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African American - A person having origins in any of the Black racial groups of Africa.
- Hispanic or Latino - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.
- Native Hawaiian or other Pacific Islander - (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.
- White, Non Hispanic - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Print Name _____

Other Names Known By _____

Social Security Number _____ - _____ - _____ Date of Birth ____/____/____

Driver License Number _____ State _____

Current Address _____

City _____ State _____ ZIP _____

Applicant's Signature

____/____/____
Date