



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"/> Walk-in <input type="checkbox"/> Employee Referral (Name) _____ <input type="checkbox"/> Job Service/CPPC <input type="checkbox"/> Other _____				
Are you authorized to work in the U.S.?		Date available to start work:		
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have a current valid driver's license? <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:
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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
960 Penn Avenue Suite 1100
Pittsburgh, PA 15222
Fax: (412) 227-0849**

EQUAL EMPLOYMENT STATEMENT:

Peer Support and Advocacy Network provides services and employment opportunities without regard to race, color, national origin, gender, sexual orientation, disability, age, religion, ancestry or any other legally protected classification.