



Doc's Recovery House

Application for Employment

Applicant Information

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone: _____

Cell Phone: _____ Email Address: _____

Position Interest

Position you're applying for:

- Peer Recovery Specialist Internship Administrative
 Other (please specify: _____)

Type of work desired:

- Full-time Part-time On-Call Temporary

Shift Availability:

- First (Daytime) Second (Afternoon/Evening) Third (Overnight)

If you are hired, can you provide evidence that you are authorized and of legal age to work in the United States? Yes No

Why are you interested in working at Doc's Recovery House?

Do you have experience working with people with substance use disorder or mental health conditions? Please describe any relevant experience with behavioral health.

Education & Training

Do you have your GED or High School Diploma? Yes No Working to obtain

Formal Education History

Type	School Name & Location	Course of Study	# years attended	Degree or Diploma earned
High School				
Business/ Technical				
College				
Graduate				
Other				

Professional Memberships, Certifications and Training

Do you hold active credentials as a Certified Peer Recovery Specialist (CPRS) in Minnesota?
 Yes No Working to obtain

To the best of your knowledge, are you able to obtain certification as a CPRS in Minnesota, according to the requirements outlined by the Minnesota Certification Board?
 Yes No Unsure

Professional organizations you belong to: _____

First Aid Training? Yes No (If yes, date completed: _____)

CPR Training? Yes No (If yes, date completed: _____)

Recovery Coaching Academy (RCA) Training? Yes No
If completed, please list when and where you received training: _____

Employment History

Please list all jobs and contracts held by you during the past five continuous years.

Current Employer

Company Name		Telephone	
Address	City	State	Zip Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving		Supervisor	

Previous Employer #1

Company Name		Telephone	
Address	City	State	Zip Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving		Supervisor	

Previous Employer #2

Company Name		Telephone	
Address	City	State	Zip Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving		Supervisor	

Previous Employer #3

Company Name		Telephone	
Address	City	State	Zip Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving		Supervisor	

Previous Employer #4

Company Name		Telephone	
Address	City	State	Zip Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving		Supervisor	

****Attach additional pages if necessary, or summarize additional work experience here:*

Additional Information

Military Status:

Have you ever served in the U.S. Armed Services? Yes No

Criminal History?

Have you ever been convicted of a criminal offense? Yes No

Are you currently on probation or parole? Yes No

Employees of Doc's Recovery House are required to pass a Department of Human Services background study due to our classification as a board and lodge provider and recovery community organization. Will you be able to pass a background study? Would you need to file an appeal if you are unable to pass an initial background study?

Yes No Would need to file set aside Unsure

Professional References

Please include at least 2 professional or recovery-related references.

Reference #1:

Name: _____ Phone: _____

Relationship: _____

Reference #2:

Name: _____ Phone: _____

Relationship: _____

Reference #3:

Name: _____ Phone: _____

Relationship: _____

Applicant Statement

I certify that this employment application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration or dismissal from employment if I am hired. I understand that both myself and my potential employer reserve the right to terminate the application process at any time. I understand that this employment application is not valid without my signature.

Signature: _____ Name: _____

Date of Signature: _____

Equal Opportunity Statement:

Doc's Recovery House is a recovery-friendly, equal opportunity and second-chance employer. We celebrate diversity, lived experience in recovery, and are committed to creating an inclusive environment for all employees, residents and volunteers.