



Blessed Builders Employment Application

Personal Information

Name: _____
First Middle Last

Phone: _____ Email: _____

Address: _____
Street City State Zip

U.S citizen: **YES or NO** Race: _____ Male or Female (circle one)

What job position are you applying for?

Circle all that apply

*Peer Support Specialist *Care Coordinator *License addiction counselor *Sober Living Staff *Treatment Staff

*Other _____

If you are applying for Peer Support Specialist answer the following:

1. How long have you been sober (if you're in recovery)? _____
2. Have you completed state training? **YES or NO**
3. If yes, when? _____
4. If yes, did you complete your certification? **YES or NO**

If you are applying for Care Coordination answer the following:

1. Do you have a college degree or work experience in mental/behavioral health or case management? **YES or NO**
2. If yes, explain in detail what degree or experience.

3. Have you completed the state training? **YES or NO**



Work Hours Available

Part Time or Full Time (circle one or both)

What hours are you able to work?

Monday:	Day Shift	Evening Shift	NONE
Tuesday:	Day Shift	Evening Shift	NONE
Wednesday:	Day Shift	Evening Shift	NONE
Thursday:	Day Shift	Evening Shift	NONE
Friday:	Day Shift	Evening Shift	NONE
Saturday:	Day Shift	Evening Shift	NONE
Sunday:	Day Shift	Evening Shift	NONE

Work History

Current employment status: Are you Employed? **YES** or **NO** If employed, where?

Previous Job (most recent):

Business name: _____

Work Position: _____

Phone # _____

Address: _____

Street City State zip

Supervisor name: _____

First Last

Dates of employment: _____

Beginning Date - End Date



References

List your references:

Name: _____
 First Middle Last

Phone: _____ Email: _____

Address: _____
 Street City State Zip

Relationship to you: _____

Name: _____
 First Middle Last

Phone: _____ Email: _____

Address: _____
 Street City State Zip

Relationship to you: _____



About You

What hourly wage are you looking to receive: \$_____

What are your spiritual beliefs?_____

What are your strengths?

What would you like Blessed Builders to know about you?

Signature:_____

Date:_____

Blessed Builders Ministry
2700 State Street Ste F-6
Bismarck ND 58503