



Behavioral Health Recovery Program (BHRP)
Recovery Support Services
JOB READINESS INFORMATION

APPLICANT'S NAME: _____

APPLICANT'S SIGNATURE: _____

Please include information explaining your job readiness efforts. This may include job applications, vocational training, posting resumes online, employment-related employment groups, online education, etc.

If applicant is employed, please submit legible copies of 2 most recent pay stubs instead of this form.

List all job search contacts:

	Date	Company & Position	Contact Person & Phone #	Type of Contact <i>i.e.: Applied or interviewed</i>
1				
2				
3				
4				
5				

List all vocational training contacts:

	Dates of Training	Name of Training	Agency	Contact Person & Phone #
1				
2				
3				
4				
5				