

## **CISM PEER SUPPORT - INTERNAL APPLICATION**

**Instructions:** Complete this form when applying for the Peer Support Team. The employee is then responsible for forwarding the application to supervisor on duty for processing. Incomplete applications will not be processed.

Last Name:	First Name:	Date:		
Address:				
City:				
Home Phone:	_ Cell Phone:			
E-Mail:				
Please indicate how you satisfy the minimum quexperience and education that relates to this posi-		on. State skills, work		
CURRENT EMPLOYMENT STATUS				
Current Job Title:				
County:				
Date of Hire:	Date in curre	nt position:		
Supervisor:				

## **AMR MINIMUM ELIGIBILITY CRITERIA:**

Eligibility will be determined by meeting the qualifications required on the job description of the Field Training Officer position as listed below:

- Ability to employ discretion and confidentiality in sensitive areas
- No documented discipline above a verbal warning, one year for operational and clinical issues

If Yes:			
Position:	County:	From:	To:_
Position:	County:	From:	To:_
	READ CAREFULLY BEFORE SIG	NING	
	en by me for the foregoing questions and palifications of CISM Peer Support and A ion.		
Signature:		Date:	
EMPLOY	EE – DO NOT WRITE BELO	OW THIS LINE	
	EE – DO NOT WRITE BELO		
Received by:		Date:	
Received by: Minimum Qualifications me		Date:	
Received by:  Minimum Qualifications me  Reason not accepted:  Application Incompl  On remediation or had Skills, education or each	t? Yes No if no, date en	Date:mployee notified:	