

Business Name:

Contact Person:

Business Address:

Telephone Number: FAX Number:

Email Address:

Type of open positions:

Position(s) description: *(Please attach job description(s) and agency profile)*

1. Do you plan to hire a Certified Peer Recovery Advocate or Peer Specialist:

Within the next 1-3 Months _____ 3-6 Months; _____ 6-12 Months _____
Not sure at this time _____

2. Will you be prepared to accept resumes with cover letters at this event:

3. Will you be prepared to conduct interviews at this event:

4. Will you accept applications online? If so, what is the website address for submission:

5. Do we have permission to use your company's name in the promotion of this event:

6. Total number of lunches required:

PLEASE EMAIL YOUR COMPLETED APPLICATION TO

Marcia.heard@oasas.ny.gov