

**CARE Level I Assessor Application**  
CARE (Client Assessment, Referral and Evaluation) Program

**Applicant Information:**

Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

Agency

Street

City

State

Zip

Work Phone: \_\_\_\_\_

**Educational Information:**

Name of Educational Institution: \_\_\_\_\_

Type of Degree: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Copy of Diploma or Transcript Attached:  Yes  No

**Related Work Experience:**

Current Place of Employment: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Contact Person: \_\_\_\_\_

Name

Phone

Previous Place of Employment: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Contact Person: \_\_\_\_\_

Name

Phone

I certify that all information provided herein is true and unaltered. I authorize the CARE Program to contact my current employer to verify employment and/or educational qualifications.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_