

				741	olicant I		iation				
Full Name	e :					[ate				
ddress:											
	Street A	ddress								Apartmen	t/Unit
Phone:	City				E	Email:		State		ZIP Code	
	week av	ailable: nday Tuesda							Sunday	/	
e you a cit	izen of th	ne United State	es?	YES	NO	If no, a	re you a	uthorized to	work in th	YE ne U.S.?	
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ive you ev	ei voiuiili	eered for this		YES	NO 	lf yes, v	when?				
ave you ev	er been o	convicted of a	felony?	YES	NO						
ave you ev yes, explai	er been o	convicted of a	felony?	YES	NO						
	er been o	convicted of a	felony?	YES	NO						
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Please list three professional references. (Teachers/Mentors/Colleagues/Coaches/Professors)

1. Name:	Relationship:
Phone:	. May we contact this individual? Yes / No
. Name:	Relationship: Relationship: May we contact this individual? Yes / No
3. Name:	May we contact this individual: Tes? No
Phone:	Relationship: . May we contact this individual? Yes / No
	Previous Employment
Company:	Phone:
Address:	
Street ob Title:	City State Zip
oo riile	Supervisor:
esponsibilities:	
rom: To:	Reason for Leaving:
pecial Skills/Programs:	
	Military Service
ranch:	From: To:
ank at Discharge:	Type of Discharge:
other than honorable, explain:	
ottier triair nonorable, explairi.	
	Equal Opportunity
	s an equal opportunity organization. We do not discriminate based off sexual
rientation, race, religion, politica liscrimination for employment or	al affiliation, gender identity, disability, national origin, or any other types of
isommittation for employment of	volunteer opportunities.
	Certification
certify that my answers are tru	ue and complete to the best of my knowledge.
	loyment, I understand that false or misleading information in my application or
•	ase. Email this application to: Karenm.CEF@gmail.com
clude special skills, preferred	position, resume and how you think you can help in the email.
Signature:	Date:
ngriature.	Date.
Print Name	