

AN EQUAL OPPORTUNITY EMPLOYER

NAME \_\_\_\_\_ SSN# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE 1 \_\_\_\_\_ PHONE 2 \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DATE AVAILABLE \_\_\_\_\_ POSITION DESIRED \_\_\_\_\_

employment / volunteer / intern

DO YOU HAVE: A CAR TO USE FOR WORK \_\_\_\_\_ AUTOMOBILE INSURANCE \_\_\_\_\_

A VALID DRIVER'S LICENSE \_\_\_\_\_

DO YOU HAVE ANY CONDITION WHICH WOULD HINDER YOUR PERFORMANCE IN THE POSITION FOR WHICH YOU ARE APPLYING yes / no IF YES, PLEASE EXPLAIN \_\_\_\_\_

circle one

RECORD OF EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE	LIST DIPLOMA OR DEGREE
ELEMENTARY			5 6 7 8	_____ YES _____ NO	
HIGH SCHOOL			1 2 3 4	_____ YES _____ NO	
COLLEGE			1 2 3 4	_____ YES _____ NO	
OTHER			1 2 3 4	_____ YES _____ NO	

LIST ANY SPECIAL TRAINING, EXPERIENCE OR QUALIFICATIONS THAT YOU FEEL WOULD SUIT YOU FOR WORK WITH THIS ORGANIZATION:

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH THE MOST RECENT

-1-

-2-

-3-

<b>NAME / ADDRESS OF BUSINESS</b>			
<b>TYPE OF BUSINESS</b>			
<b>WORKED FROM (DATE) TO (DATE)</b>	FROM: TO:	FROM: TO:	FROM: TO:
<b>PAY RATE</b>			
<b>REASON FOR LEAVING</b>			
<b>DESCRIBE JOB DUTIES</b>			

MAY WE CONTACT THE ABOVE EMPLOYERS? \_\_\_\_\_ IF NOT, INDICATE BY NUMBER WHICH ONE(S) YOU DO NOT WISH US TO CONTACT:

PERSONAL REFERENCES  
(Not Former Employers or Relatives)

<b>NAME AND OCCUPATION</b>	<b>ADDRESS</b>	<b>PHONE NUMBER</b>

THIS APPLICATION IS VALID FOR 90 DAYS. IF YOU WISH TO REMAIN ON OUR ACTIVE LIST, A NEW APPLICATION MUST BE FILED EVERY 90 DAYS.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

JPFC GROUP HOME MAKES EVERY EFFORT TO PROVIDE "REASONABLE ACCOMMODATION" TO ENSURE THAT NO PERSON ON THE GROUND OF RACE, COLOR, NATIONAL ORIGIN, SEX, OR HANDICAP BE EXCLUDED FROM PARTICIPATION IN PROGRAM SERVICES OR BE SUBJECT TO DISCRIMINATION UNDER ACTIVITIES SPONSORED BY THIS ORGANIZATION.