

PROJECT SANCTUARY APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

NAME (LAST, FIRST, MIDDLE):	DATE:
ADDRESS (STREET, CITY, STATE, ZIP):	
MAILING ADDRESS (IF DIFFERENT THAN ABOVE)	PHONE#
EMAIL ADDRESS: ()	SOC. SEC. #:
NAME AND RELATIONSHIP OF ANY RELATIVES IN OUR EMPLOY:	REFERRED BY:

EMPLOYMENT INFORMATION:

POSITION FOR WHICH YOU ARE APPLYING:	
DATE YOU CAN START:	INTERESTED IN: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY
ARE YOU EMPLOYED NOW, IF SO WHERE? <input type="checkbox"/> YES <input type="checkbox"/> NO	MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
HAVE YOU EVER APPLIED WITH PROJECT SANCTUARY BEFORE?	WHEN / WHERE:
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(PROOF OF U.S. CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)</small>	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(A CONVICTION MAY BE RELEVANT IF JOB-RELATED, BUT DOES NOT NECESSARILY BAR YOU FROM EMPLOYMENT)</small>	
IF YES: CONVICTION DATE _____ EXPLANATION: _____	
DO YOU HAVE A VALID: <input type="checkbox"/> CA DRIVER'S LICENSE <input type="checkbox"/> AUTOMOBILE <input type="checkbox"/> AUTO INSURANCE	

FORMER EMPLOYERS: LIST THE LAST FOUR EMPLOYERS, STARTING WITH PRESENT OR MOST RECENT.

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:		\$ PER:		
TO:				
FROM:		\$ PER:		
TO:				
FROM:		\$ PER:		
TO:				
FROM:		\$ PER:		
TO:				

