

PROJECT SANCTUARY APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

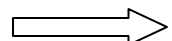
NAME (LAST, FIRST, MIDDLE):	DATE:
MAILING ADDRESS – STREET	CELL PHONE NUMBER
CITY, STATE, ZIP	
EMAIL ADDRESS	
NAME OF RELATIVES WHO WORK, VOLUNTEER, OR ARE ON THE PROJECT SANCTUARY BOARD?	REFERRED BY:

EMPLOYMENT INFORMATION:

POSITION YOU ARE APPLYING FOR:	
DATE YOU CAN START:	INTERESTED IN: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	MAY WE CONTACT YOUR EMPLOYER?
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>	
PLEASE NOTE: WORKING AT PROJECT SANCTUARY REQUIRES THAT YOU BE FINGERPRINTED WITH THE DEPARTMENT OF JUSTICE.	
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 OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:		\$		
To:		PER:		
FROM:		\$		
To:		PER:		
FROM:		\$		
To:		PER:		
FROM:		\$		
To:		PER:		



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EDUCATION:

SCHOOL	NAME AND LOCATION	GRADUATED		GPA
		YES	NO	
HIGH SCHOOL				
COLLEGE / UNIVERSITY				MAJOR OR DEGREE?
OTHER (SPECIFY)				

OTHER INFORMATION

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:
SPECIAL TRAINING:
ACTIVITIES: (CIVIC, ATHLETIC, ETC.)
EXCLUDE ORGANIZATION, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, SEX, MARITAL STATUS, AGE, COLOR, OR NATIONAL ORIGIN OF ITS MEMBERS.

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ON YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

I HEREBY CERTIFY THAT ALL OF THE FOREGOING INFORMATION I HAVE SUPPLIED IN THIS APPLICATION IS CORRECT AND COMPLETE. I UNDERSTAND THAT PROJECT SANCTUARY MAY BE VERIFYING THE INFORMATION PROVIDED AND THAT ANY FALSIFICATION OF INFORMATION WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL UPON DISCOVERY THEREOF. I GIVE PROJECT SANCTUARY PERMISSION TO CONTACT ANY OR ALL OF MY PREVIOUS EMPLOYERS (EXCEPT AS NOTED ABOVE) AND REFERENCES FOR FULL INFORMATION AND HEREBY RELEASE PROJECT SANCTUARY FROM ANY AND ALL LIABILITY FOR DOING SO.

IF EMPLOYED AND IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES, PROCEDURES AND POLICIES OF PROJECT SANCTUARY. I UNDERSTAND THAT NO MANAGEMENT REPRESENTATIVE HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

SIGNATURE OF APPLICANT _____ DATE _____

TO BE COMPLETED BY PROJECT SANCTUARY

DATE RECEIVED: _____ RECEIVED BY: _____

INTERVIEW: YES NO

INTERVIEW DATE: _____

JOB OFFERED? YES NO

IF YES, SOCIAL SECURITY # _____