

APPLICATION FOR AmeriCorps Member

Today's Date: _____

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Current Street Address: _____ City: _____ State: _____

Phone number(s): _____ Social Security Number: _____

Email Address: _____

Are you a U.S. Citizen? Yes No

Are you less than 18 years of Age: Yes No

Driver's License Number _____ Expiration Date _____ State _____ Driving Record _____

Have you ever been convicted of a crime? (Convictions will not necessarily disqualify an applicant from placement) Yes No

If yes, please explain:

PLACEMENT DESIRED

Position or Area of Interest: _____ Full Time Part-time

Date Available: _____ Salary Preference: _____

Have you ever been employed by our organization? _____ If yes, please give dates and positions: _____

Names of Friends/Relatives currently or in the past employed by CBI, if any:

If required, can you work evenings weekend overtime ?

Are you currently employed? _____ If yes, can we contact your present employer? Yes No Comments:

EDUCATION

Name/Location	Major	Grade Average	Did you Graduate? Degree
High School: _____			
College: _____			
College: _____			
Other: _____			
Professional Certificates/Licenses: _____			

Languages other than English: (Indicate Fluency) Speak Read Write

Are you presently attending college or taking any education courses? _____ If yes, why type of classes and will this affect the hours you are available to work?

Do you belong to any job related organizations, clubs, professional societies, etc.? _____ If yes, please list:

MILITARY SERVICE

Have you ever served in any type of U. S. Armed Services? If yes, please indicate what branch, when, military duties and training:

EMPLOYMENT HISTORY

Company Name/Location/Telephone:

Supervisor Name/Title: _____ May we contact your previous supervisor/employer? Yes No

Position(s) Held: _____

Rate of Pay Start/End: _____

Duties: _____

Employed From (month/year) _____ to (month/year) _____

Reason for Leaving: _____

Company Name/Location/Telephone:

Supervisor Name/Title: _____ May we contact your previous supervisor/employer? Yes No

Position(s) Held: _____

Rate of Pay Start/End: _____

Duties: _____

Employed From (month/year) _____ to (month/year) _____

Reason for Leaving: _____

REFERENCES (unrelated to you)

1.Name	Address	Phone
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Occupation	Relationship	How long have you known this person?
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2.Name	Address	Phone
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Occupation	Relationship	How long have you known this person?
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3.Name	Address	Phone
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Occupation	Relationship	How long have you known this person?
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ACKNOWLEDGEMENTS AND AUTHORIZATION

- Upon offer of AmeriCorps member placement, I understand that verification of my U.S. Citizenship and/or legal right to work in the U.S. will be required.
- I understand that CBI will run a background check on me, and I hereby authorize same.
- If I am offered placement, and if it requires driving, that I must provide evidence of a current, valid driver's license, and may be required to show proof of automobile insurance.
- I hereby authorize verification on all statements contained in this application. I certify that the information given on this application and on any supporting documentation is true and complete to the best of my knowledge. I understand that misrepresentation, false information or material omission made by me on this application could be cause for involuntary termination.
- I understand I may be required to submit to drug/alcohol testing and authorize the release of test results to CBI. Applicants whose test results are positive (prohibited substances present) will not be eligible for further placement consideration.
- I understand that CBI will retain my application for a period of six months minimum to review as positions become available. If I apply for a position after the six months, or if any of my information has changed, I may be required to update this application or complete a new application.

By signing this application I certify that I have read and understand all of the above statements, and completed this application to the best of my knowledge:

Applicant Signature _____ Date _____