

SAVED HANDS FOUNDATION

Volunteer/Employment Application

APPLICANT INFORMATION			
Last Name*	First*	M.I.	Date*
Street Address*		Apartment/Unit #	
City*	State*	Zip*	
Phone (Cell) *	Phone (Home)		
Date Available*	Email address: *		
Volunteer/Employment Position Applying for:			
Are you a citizen of the United States? *		If no, are you authorized to work in the U.S.?	YES NO
YES <input type="checkbox"/>	NO <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
Have you ever worked/volunteered for this company?		If so, when?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>		
*Have you ever been convicted of a felony?		If yes, explain	Please be honest, your answer may not affect your acceptance within the Foundation.
YES <input type="checkbox"/>	NO <input type="checkbox"/>		

PREVIOUS EMPLOYMENT*	
Company	Phone
Address	Supervisor
Job Title	Annual Salary \$ (Optional)
Duties:	
From	To Reason for Leaving
May we contact your previous supervisor?	
<div style="display: flex; justify-content: space-around;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div>	

PREVIOUS EMPLOYMENT (Con't)			
Company		Phone ()	
Address		Supervisor	
Job Title		Annual Salary \$ (Optional)	
Duties:			
From	To	Reason for Leaving	
May we contact your previous supervisor?			
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title		Annual Salary \$ \$ (Optional)	
Duties:			
From	To	Reason for Leaving	
May we contact your previous supervisor?			
		YES <input type="checkbox"/>	NO <input type="checkbox"/>

EDUCATION*			
College/Vocational		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree/Certificate
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree/Certificate

REFERENCES*

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

MILITARY SERVICE*

Branch	From	To
Type of Discharge		
If other than honorable, please explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 I understand that false or misleading information in my application may result in my release.
 Saved Hands Foundation is an Equal Opportunity Employer.

Signature* Date*