



Working Together to End Homelessness in Schuylkill County.

"If anyone wishes to be first, he shall be the last of all and the servant of all." Mk 9:35

Last name:					
First name:				Date:	
Home address:	Street:				
	City:				
	State:		Zip Code	e:	
Phone number (	preferred)				
Phone number (	back-up)				
Position sought:	:				
Previous Empl	oyment History:	: (list current firs	st)		
Employer name and address:					
Name of supervisor:					
May we contact the	(circle) Y	ES or NO	Superv	isor's p	hone number:
supervisor:					
Position:					
Dates employed	l:				
Reason for leav	ing:				

Applicant Name	Data	
(please print):	Date:	

Employer name and address:				
Name of supervisor:				
May we contact the supervisor:	(ciro	cle) YES or NO	S	upervisor's phone number:
Position:				
Dates employed	:			
Reason for leavi	ing:			
Employer name and address:  Name of supervisor:				
May we contact the	(ciro	cle) YES or NO	S	upervisor's phone number:
supervisor: Position:				
Dates employed	:			
Reason for leavi	ing:			
Educational Hi	story:			
High school a (name and a				

Applicant Name	Datas	
(please print):	Date:	

Did you receive high school diploma (circle		YES or NO	Did you receive a GED (circle)?	YES or NO or NOT APPLICABLE
Did you attend secondary prog (name and add	gram?			
degree earned				
Additional p secondary prog (name and add	gram?			
degree earned				
Other degrees, certificates or licenses				
Do you have any experiences (work or volunteer) working with individuals who were homeless?				

Applicant Name	Datas	
(please print):	Date:	

What other experiences (work or volunteer) do you have that may be considered human services experiences?	
Please summarize your technology skills such as email usage, internet research, Microsoft Office, cell phone, etc.	
What other qualifications do you offer such as a driver's license, special trainings, etc.	

Applicant Name	Date:	
(please print):	Date.	

What are the total number of hours per week that you would prefer working? Are you not available on certain days?	(Please know that this may be discussed in more detail during an interview and your response will not automatically eliminate you as a candidate.)
What are the hours of the day that you would prefer working or hours that you would not be able to work?	(Please know that this may be discussed in more detail during an interview and your response will not automatically eliminate you as a candidate.)
	e information contained in this application is accurate and true and I hat any misrepresentations may be cause for immediate termination.
date	applicant signature

# PLEASE COMPLETE THE ATTACHED REFERENCE PAGES WHICH ARE CONSDIERED A COMPONENT OF THIS APPLCIATION

Applicant Name	Datas	
(please print):	Date:	

REFERENCES
(Professional reference) Name:
Relationship:
Length of time you have known this reference:
Reference phone number(s):
May we contact this reference: (circle) YES or NO
(Professional reference) Name:
Relationship:
Length of time you have known this reference:
Reference phone number(s):
May we contact this reference: (circle) YES or NO
(Professional reference) Name:
Relationship:
Length of time you have known this reference:
Reference phone number(s):
May we contact this reference: (circle) YES or NO

Applicant Name	Datas	
(please print):	Date:	

(Personal reference) Name:						
Relationship:						
Length of time you have known this reference:						
Reference pho	ne number(s):					
May we contact this reference: (circle) YES or NO						
(Personal refer	rence) Name:					
(Personal reference Relationship:	rence) Name:					
Relationship:	rence) Name:	this reference:				
Relationship:	you have known	this reference:				