



FRIENDSHIP ARK HOMES APPLICATION

Applicants will receive consideration without regard to race, religion, creed, color, sex, age, national origin, disability, or other legally protected status.

PERSONAL INFORMATION			
Last Name	First	Middle	Date
Street Address		Home Phone	
City, State, Zip		Cell Phone	
Position(s) applied for:		Rate of pay expected:	Email
Are you available to work: <input type="checkbox"/> full-time <input type="checkbox"/> part-time		When can you begin work?	
What hours/shift can you work?			
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of employment eligibility will be required upon employment.</i>			
Do you have a physical condition that may limit your ability to perform the particular responsibilities for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
Do you have a record of founded child or dependent adult abuse: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
Have you ever been convicted of a crime in this state or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
Are you related to any of our employees? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you related to any person for whom we provide services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have experience operating vehicles with more than six passengers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever worked with or applied to a L'Arche Community? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
How did you learn about Friendship Ark Homes?			
For how long would you like to work with Friendship Ark Homes?			
State briefly why you wish to join the Friendship Ark Homes Community:			

EDUCATIONAL BACKGROUND

School	Name and Address of School	Course of Study	Attended		Did you graduate?
			From	To	
G.E.D.					<input type="checkbox"/> Yes <input type="checkbox"/> No
High School					<input type="checkbox"/> Yes <input type="checkbox"/> No
College					<input type="checkbox"/> Yes <input type="checkbox"/> No
Post-Graduate					<input type="checkbox"/> Yes <input type="checkbox"/> No

RELATED EXPERIENCE & TRAINING

List volunteer, professional, business, or civic activities and offices held; describe any job-related training you may have received. *You may exclude memberships which would reveal gender, race, religion, national origin, age, disability, or other protected status.*

PERSONAL REFERENCES List three references who are not related to you and are not previous employers.

Name	Address	Phone	Relationship to this person.

EMPLOYMENT EXPERIENCE

List present and past employment beginning with the most recent.

Employer	Telephone Number(s)
Address	Supervisor
	Job Title
Work Performed	Rate of pay received:
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
	Dates Employed From To
	Reason for Leaving
Employer	Telephone Number(s)
Address	Supervisor
	Job Title
Work Performed	Rate of pay received:
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
	Dates Employed From To
	Reason for Leaving
Employer	Telephone Number(s)
Address	Supervisor
	Job Title
Work Performed	Rate of pay received:
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
	Dates Employed From To
	Reason for Leaving

APPLICANT'S STATEMENT

I certify that answers given above are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision and understand that additional information may be required of me.

I understand and agree that this application and process is not a promise of employment or an intended contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

EMPLOYEE REFERENCE REQUEST

Friendship Ark Homes is a Christian nonprofit ministry that provides residential and other community support for persons with intellectual disabilities and their families.

Work Reference

Personal Reference

Section 1 - To be completed by applicant.

Applicant's Name _____	Maiden Name (if applicable) _____
Social Security # _____	Position applied for _____
I hereby authorize the release of the information requested.	
Signature _____	Date: _____

Applicant - Do not write below this line. Friendship Ark Homes will process the remainder of this form.

Section 2 - To be completed by work reference.

WORK REFERENCE

Name of Business _____ Position Held _____ Full-time Part-time

Employment Dates From _____ To _____ Reason for leaving _____

Would you rehire? _____ Explanation _____

How would you rate the following?	Excellent	Good	Satisfactory	Fair	Unsatisfactory
Attendance					
Cooperation					
Initiative					
Job Knowledge					
Quality of Work					

Signature _____ Title _____ Date _____

Section 3 - To be completed by personal reference.

PERSONAL REFERENCE

How well do you know the applicant? Slightly Well Very Well Relationship to applicant _____

Years known _____ Have you had any knowledge of applicant in last 12 months? Yes No

Please rate the applicant on the following:	Above Average	Average	Below Average	No Knowledge		Above Average	Average	Below Average	No Knowledge
APPEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INITIATIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JUDGMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HONESTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MATURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments _____

Printed Name: _____ Signature _____ Date: _____



FRIENDSHIP ARK HOMES VOLUNTARY SURVEY

Responses to the following items are optional.

Your cooperation is voluntary.

To submit your response, please fold and tape. Thank you for your participation.

Date: _____

Religious Affiliation: _____

Gender: Male Female

Marital Status: Single Married Divorced Widowed

Place of Birth: _____

Please ask any questions you may have or make additional comments in the space below:
