

**REPLY SHEET**

**PLEASE MAIL THIS REPLY SHEET BACK TO THE SHARE FOUNDATION.**

\_\_\_\_\_ I am interested in pursuing volunteer work with the Share Foundation With the Handicapped. My completed application is enclosed.

\_\_\_\_\_ I am interested in speaking with someone for further information before submitting an application. Please list your phone number and the best time to reach you.

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Best time to reach you.

\_\_\_\_\_ I am currently not interested in pursuing volunteer work with the Share Foundation with the Handicapped, but please keep me in mind in the future. Please list when you would like to be contacted again.

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Date you wish to be contacted.

\_\_\_\_\_ I am not interested in pursuing volunteer work with the Share Foundation.

\_\_\_\_\_

PRINTED NAME

\_\_\_\_\_

DATE

ADDRESS

\_\_\_\_\_

\_\_\_\_\_

# APPLICATION EMPLOYMENT



Share Foundation  
With the Handicapped, Inc.  
P. O. Box 400  
Rolling Prairie, IN 46371

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job -related medical condition or handicap or any other legally protected status.

(PLEASE PRINT)

Position Applied For		Date Of Application		
How Did You Hear About Us?				
CNVS/Response Book let	Inquiry	Friend	Other	
Last Name		First Name		Middle Name
Address Number	Street Name	City	State	Zip Code
Telephone Number(s)			Social Security Number	
E-Mail Address				

What is the best time to reach you at home? \_\_\_\_\_ AM or PM

Are you over eighteen (18) years of age? Yes No

Have you ever filed an application with us before? Yes No

If yes, when?

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in the U.S. due to Visa or Immigration Status? Proof of citizenship or immigration status may be requested. Yes No

Date available for work? \_\_\_\_\_

Do you have a valid drivers' license? Yes No

Have you been convicted of any crime, other than a minor traffic violation, within the last seven (7) years? Conviction will for necessari(i-disqualij- an applicamfrom e111ploy111e111. Yes No

If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

## EDUCATION

<i>SCHOOL</i>	<i>Name &amp; Address</i>	<i>Course of Study</i>	<i>Years Completed</i>	<i>Diploma/Degree</i>
<i>HIGH SCHOOL</i>				
<i>UNDERGRADUATE SCHOOL</i>				
<i>GRADUATE/ PROFESSIONAL</i>				
<i>OTHER (SPECIFY)</i>				

## WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Employed From	Description Of Duties
Address	Employed To	
Telephone Number(s)		
Job Title	Starting Wage	
Supervisor	Final Wage	
Reason For Leaving	May we make contact ?	
Employer	Employed From	Description Of Duties
Address	Employed To	
Telephone Number(s)		
Job Title	Starting Wage	
Supervisor	Final Wage	
Reason For Leaving	May we make contact ?	
Employer	Employed From	Description Of Duties
Address	Employed To	
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Employer	Employed From	Description Of Duties
Address	Employed To	
Telephone Number(s)		
Job Title	Starting Wage	
Supervisor	Final Wage	
Reason For Leaving	May we make contact ?	

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES.


DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY.


LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD.

You may exclude memberships which would reveal race, color, religion, gender, national origin, disability or other protected status.


OTHER QUALIFICATIONS

Summarize any special job-related skills and qualifications acquired from employment or other experience.


PLEASE STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO IJS.


You have been provided with a job description. Do you feel that you are capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job for which you have applied?

Yes

No

*NOTE: Do not answer this Question if, for some reason, you did not receive a copy of the job description.*

**PERSONAL***Please include at least 2 professional references.*

<i>Name</i>	<i>Address</i>	<i>Phone Number</i>
1.		
2.		
3.		

**APPLICANT'S STATEMENT**

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

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please email, fax, or mail the completed application, along with a copy of your drivers license and social security card to:

**SHARE FOUNDATION WITH THE HANDICAPPED, INC.**

**P.O. BOX 400**

**ROLLING PRAIRIE, IN 46371**

**Fax: 219-778-2582**

**Email: [programming@sharefoundation.org](mailto:programming@sharefoundation.org)**