



## Applicant Information Sheet

APPLICANT INFORMATION											
Last Name			First								
Street Address						Apartment/Unit #					
City			State			ZIP					
Phone			E-mail Address								
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<p>* Part time means at least one nine-hour day. Shifts shorter than 9 hours are not possible due to travel time to project sites. When choosing part-time, please specify which days you will be able to work. If no dates are chosen, the application will be moved to an "On Call" status.</p>											
DEMOGRAPHICS											
Race						Choose Not to Answer <input type="checkbox"/>					
Ethnicity						Choose Not to Answer <input type="checkbox"/>					
Low Income Household		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Is English Your First Language?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Gender											
Please Share Any Additional Relevant Information:											
REFERENCES											
<i>Please list professional, educational, or personal references.</i>											
Full Name			Relationship								
Company			Phone								
Address											
Full Name			Relationship								
Company			Phone								
Address											
Full Name			Relationship								
Company			Phone								
Address											