

Lockport C.A.R.E.S., Incorporated
 PO Box 586
 Lockport, NY 14095
 716-438-2273
www.lockportcares.org



Employment Application

Position Applied for (Title)

Section A - Personal Information

Name (please Print) Last	First	Middle
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Address No. and Street	City	State	Zip Code
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E-mail	Home phone	Cell
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Have you ever served in the military?	Yes	No	
How did you hear about this position?			

Section B - Education and Training Attach additional pages if necessary

Do you have a high school diploma or GED?			Yes	No		
Name and Location of School	Years Attended	Major Subject	College Credits	Type of Degree	Graduated Date	Comments

Licenses - If you possess a license, certificate or other complete the following section

Type of License or Certification	Expiration Date	Granted By:

Section C - Employment History Last 5 years only. Attach additional pages if necessary

Employer	Address	Contact/Email/Phone	Dates	Job Title and Duties

Section D - Questions Attach additional pages if necessary

Describe any experience you have working with the homeless population

Please write a brief statement why you want this position and what you feel you have to offer our guests and Lockport C.A.R.E.S., Inc. Lockport CARES is driven by Christian Faith. Please include a statement of your faith.

Section E - References - include how long and in what capacity Attach additional pages if necessary

Name	Street address City State, Zip	Contact Information
Name	Street address City State, Zip	Contact Information
Name	Street address City State, Zip	Contact Information

Section F - Applicants Statement

I hereby affirm that the information provided is true and complete to the best of my knowledge, and agree to have any of the statements checked by the organization or its representatives. I understand that by providing any false or misleading information or omissions may disqualify me from further consideration as an employee and may result in my immediate termination even if discovered at a later date. I authorize Lockport C.A.R.E.S. Inc., to conduct a thorough investigation of my activities, and authorize all references provided in this application, as well as other individuals, whom the organization or its representatives may contact, to provide all information they have about me.

Furthermore, I agree to cooperate in such investigations, and release from liability persons and entities requesting or supplying such information.

Signature of Applicant	Date
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Office Use Only:

<input type="checkbox"/> Background Check Submitted	<input type="checkbox"/> Orientation	
<input type="checkbox"/> Background Returned	<input type="checkbox"/> Training/On the job	