



GENERAL

Last Name		First Name		MI	Social Security #	
Current Address		City		State	Zip	Date
Permanent Address		City		State	Zip	Are you fluent in any foreign language? () Yes () No If yes, which?
Home Phone		Work Phone		Cell Phone		
Drivers License Number (include state)			Date of Birth		Email Address	
Are there any health issues or physical limitations that could affect volunteer work or require placement modifications? () Yes () No If yes, please describe:						

EDUCATION

	Name of School	Years Completed	Major Subjects	Year of Degree/Diploma
High School		9 10 11 12		
University/College		1 2 3 4		
Graduate School		1 2 3 4		
Related Education/Achievements (licenses, trainings, certificates, honors)				

PRACTICUM INFORMATION

Number of hours required for academic credit		Degree in progress		
Name of College/University			City	
Practicum Instructor			Phone	
Email Address			Position Applying For	
Term of Placement (circle all that apply)		Fall	Spring	Summer
Available Start Date (Month/Day/Year)			Anticipated End Date (Month/Day/Year)	

EMPLOYMENT (List present and past employment, including military and volunteer, beginning with the most recent)

Employer		Street Address		
Position Held		Supervisor		Phone
Hours Per Week		From: Mo/Yr		To: Mo/Yr
Reason for Leaving				
Specific Duties				
Employer		Street Address		
Position Held		Supervisor		Phone
Hours Per Week		From: Mo/Yr		To: Mo/Yr
Reason for Leaving				
Specific Duties				
Employer		Street Address		
Position Held		Supervisor		Phone
Hours Per Week		From: Mo/Yr		To: Mo/Yr
Reason for Leaving				
Specific Duties				



VOLUNTEER EXPERIENCE (List present and past volunteer and military experience, beginning with the most recent)

Employer	Street Address	
Position Held	Supervisor	Phone
Hours Per Week	From: <i>Mo/Yr</i>	To: <i>Mo/Yr</i>
Reason for Leaving		
Specific Duties		

Employer	Street Address	
Position Held	Supervisor	Phone
Hours Per Week	From: <i>Mo/Yr</i>	To: <i>Mo/Yr</i>
Reason for Leaving		
Specific Duties		

PERSONAL REFERENCES (Other than relatives)

Name	Phone
Address	Relationship
Name	Phone
Address	Relationship
Name	Phone
Address	Relationship

Do you have any pending charges of a violation of law, other than a minor traffic violation? YES NO
If YES, please explain:

Have you ever been convicted of a violation of law, other than a minor traffic violation? YES NO
If YES, please explain:

Note: a conviction record is not an automatic bar to employment. Each case is considered in relation to the position applied for.

RECRUITMENT SOURCE

How did you hear about volunteer opportunities with CEDARS?

Friend/Neighbor/Relative
 CEDARS Board/Staff Member
 Other (please specify) _____
 Newspaper Ad
 Career/Volunteer Fair _____
 College/University
 CEDARS Website _____

CERTIFICATION

I certify that the information contained in this application is true to the best of my knowledge and belief. I understand that any material omission of facts or misrepresentation may result in my discharge, if hired, regardless of when discovered. Unless otherwise expressly stated in a written appointment to a position or in a written contract of employment duly approved and executed by CEDARS, employees are considered at will, and either CEDARS or the employee may terminate the employment relationship upon giving the proper advance notice. I grant permission to CEDARS to investigate my employment record, educational record, criminal record, and other records to verify the information I have provided on this application and release CEDARS from any liability resulting from such investigation.

Signature _____ Date _____