

APPLICATION FOR EMPLOYMENT

MISIÓN PENIEL

208 BOSTON AVENUE

MAILING ADDRESS: PO BOX 1204

IMMOKALEE, FLORIDA 34143

Date _____

PERSONAL

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip)

Telephone number(s) where we can reach you during the day: () _____

If you are not a U.S. citizen, do you have legal authorization to work in the U.S. which is not limited to a particular employer? Yes No Not Applicable; I am a U.S. Citizen

GENERAL

Position(s) applied for: _____

Date available to start work: _____

Do you have transportation to work? Yes No

Are you bondable? Yes No If yes, explain: _____

Please attach your resume that addresses the information requested below. Be sure to list any academic or work related honors you have received which you believe relate to the job for which you are applying.

EDUCATION

Name	Graduated?	Degree
High School	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Business/Technical	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Graduate Level Programs	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	_____

WORK HISTORY

PRESENT OR LAST EMPLOYER

Employed from _____ to _____
(mo & year) (mo & year)

Company/Business/Organization name : _____

City _____ State _____

Type of work: _____

Reason for leaving: _____

PREVIOUS EMPLOYER

Employed from _____ to _____
(mo & year) (mo & year)

Company/Business/Organization name : _____

City _____ State _____

Type of work: _____

Reason for leaving: _____

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

<u>Name</u>	<u>Phone Number</u>	<u>Relationship</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

SKILLS

If you have any training or experience in the following and if you believe it to be pertinent to the position applied for, please check.

Administrative Bookkeeping Program Planning Fluency in other languages
 Work with People of Immigrant or Marginalized Populations Nonprofit Organization Other

Please list any additional experiences, skills and qualifications which you believe relate to the job or jobs for which you are applying: _____

In case of emergency notify: _____ Address: _____ Home # _____ Work # _____ Cell # _____
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READ, UNDERSTAND, SIGN AND DATE IF YOU AGREE

I certify that the facts set forth in this application are true, correct, and complete without misrepresentations or omissions of any kind whatsoever. I authorize investigation of the statements I have made herein.

Applicant's Name (please print)

Applicant's Signature

Date:

I also understand that my employment at Peace River Presbytery is contingent upon the satisfactory completion of a drug screen and an investigation of my work record and references. I consent to a drug screening, background and reference check as required.

Applicant's Name (please print)

Applicant's Signature

Date:

***Misión Peniel is located at 208 Boston Avenue, Immokalee, Florida
Mailing address: Misión Peniel PO Box 1204 Immokalee, Florida 34143
To learn more about the mission, visit our website: www.misionpeniel.com***