



L'ARCHE ERIE INC.


3745 West 12th Street - Erie, PA 16505 - (814) 452-2065

PERSONNEL DATA SUMMARY

TYPE OR PRINT IN INK

NAME (LAST, FIRST, M.I.)	TELEPHONE NO.	EMAIL
--------------------------	---------------	-------

ADDRESS - STREET R.D.	CITY	STATE	ZIP CODE
-----------------------	------	-------	----------


ARE YOU A U.S. CITIZEN	HOW LONG A RESIDENT OF PA	ARE YOUR SCHOOL/EMPLOYMENT RECORDS LISTED UNDER ANOTHER NAME 	VETERANS CREDIT CLAIMED
------------------------	---------------------------	---	-------------------------

NAME AND LOCATION OF EDUCATIONAL INSTITUTION	DATES ATTENDED	SEMESTER CREDITS	DIPLOMA OR DEGREE	MAJOR SUBJECTS/COURSES
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
GRADUATE OR PROFESSIONAL				
OTHER SCHOOLING (SPECIFY)				

LIST BY NUMBER, YEAR ISSUED AND DATE OF EXPIRATION ANY LICENSE (TO INCLUDE DRIVER'S LICENSE), CERTIFICATE OR REGISTRATION ISSUED BY THE COMMONWEALTH OR PROFESSIONAL ASSOCIATION WHICH RELATES TO / OR IS A REQUIREMENT FOR THE POSITION FOR WHICH YOU ARE APPLYING.

LIST ANY PROFESSIONAL ORGANIZATIONS TO WHICH YOU BELONG (DO NOT LIST ANY ORGANIZATION THAT WOULD REVEAL YOUR RACE, COLOR, RELIGIOUS CREED, OR NATIONAL ORIGIN)

LIST ANY OTHER TRAINING AND EXPERIENCE YOU HAVE THAT YOU BELIEVE PARTICULARLY APPLICABLE TO THE TYPE OF WORK FOR WHICH YOU ARE APPLYING.

EMPLOYMENT RECORD  LIST YOUR COMPLETE EMPLOYMENT RECORD INCLUDING PERIODS OF UNEMPLOYMENT STARTING WITH YOUR PRESENT POSITION AND WORKING BACKWARDS (INCLUDE PAID EMPLOYMENT, VOLUNTEER OR UNPAID WORK AND MILITARY SERVICE WHICH IN YOUR OPINION HELPS TO QUALIFY YOU FOR THE JOB YOU WANT).

NAME AND ADDRESS OF EMPLOYER	POSITION TITLE
	DATES OF EMPLOYMENT NO. HOURS WORKED EACH WEEK
From _____ To _____	

DESCRIBE FULLY YOUR MAJOR DUTIES AND RESPONSIBILITIES

NO. EMPLOYEES SUPERVISED

II. **PERSONAL INFORMATION**

A. Volunteer Experience - List Organization(s) and Position(s):

B. Life Experiences and how they may relate to L'Arche:

C. Hobbies or Interests:

D. State briefly why you wish to become involved with L'Arche Erie:

E. Have you ever applied to another L'Arche Community? Yes _____ No _____

If "YES" - Name of community and dates you were there: _____

F. Have you ever lived in a L'Arche Community? Yes _____ No _____

If "YES" - Name of community and dates you were there: _____

III. REFERENCES

Please give two (2) professional references and (1) personal reference excluding relatives

1. Name: _____ Relationship: _____

Organization Name (if applicable): _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Number of Years Known: _____

2. Name: _____ Relationship: _____

Organization Name (if applicable): _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Number of Years Known: _____

3. Name: _____ Relationship: _____

Organization Name (if applicable): _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Number of Years Known: _____

AUTHORIZATION

I HEREBY GIVE L'ARCHE ERIE, INC. PERMISSION TO CONTACT THE EMPLOYERS AND PERSONAL REFERENCES LISTED ON THIS APPLICATION OR ON MY PERSONAL RESUME.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

NAME: _____ DATE: _____

POSITION APPLIED FOR:

- _____ Full-time
- _____ Part-time
- _____ Substitute - Relief as needed
- _____ Summer only

HOURS MOST AVAILABLE

- _____ Between 6:30 a.m. _____ 9:00 a.m.
- _____ Between 3:00 p.m. _____ 11:00 p.m.
- _____ Between 10:00 p.m. _____ 10:00 a.m.
- _____ Weekends (Saturday/Sunday)

Any day(s) not available on a regular basis:

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday ____ Sunday ____

FOR OFFICE USE ONLY

Letter acknowledging receipt of application sent: _____

Date references mailed: _____

Date of interview: _____

PLEASE RETURN COMPLETED APPLICATION TO: L'Arche Erie, 3745 West 12th Street, Erie, PA 16505
OR by email, office@larcheerie.org