



## AmeriCorps Member Application

The American Red Cross and AmeriCorps considers applicants for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non job-related condition or disability, or any other legally protected status. We are an Equal Opportunity, Affirmative Action, and "at will" Employer. All information will be treated confidentially. Please answer all questions as completely as possible. The use of this form does not constitute an offer or employment or a contract of employment. \*Note: You must also complete an application through <http://my.americorps.gov> in order to be considered for placement.

- You may print out this form and write on it, or download it to your computer and use the Tab key to navigate to each field.
- You can type in the fields, and the gray boxes will not show once printed.
- **NOTE: THERE ARE TWO SIGNATURE LINES TO SIGN.**

Application Date        /        /		
Position Applying For:		Which County / City?
First & Last Name:		Social Security Number:        -        -
Address:		City/State/Zip:
Day Phone:	Eve Phone:	E-mail address:
Referral Source:		Name of Referral:
Are you at least 18 years old?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you authorized to work in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony?		<input type="checkbox"/> Yes <input type="checkbox"/> No
May we conduct a detailed background check and references, including but not limited to previous employers?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Signature of background authorization (sign here):</b>		

EMPLOYMENT EXPERIENCE	
<b>Job Title:</b>	Supervisor:
Employer:	Phone Number:
Work Performed:	
Reason for Leaving:	
Employed From	to
<b>Job Title:</b>	Supervisor:
Employer:	Phone Number:
Work Performed:	
Reason for Leaving:	

Employed From \_\_\_\_\_ to \_\_\_\_\_

### EDUCATION / SKILLS

High School Name:

Did you Graduate?  Yes  No

College:

Did you Graduate?  Yes  No

Course of Study:

Degree:

Graduate School:

Did you Graduate?  Yes  No

Course of Study:

Degree:

Professional Licenses and or Certifications:

Registered  Licensed  Certified

Type:

State Issued:

Date

/

/

### REFERENCES

List three persons who know your qualifications and/or background experiences. Do not list relatives. However, you may list co-workers.

1. Name:

Phone #

Address:

E-mail address:

Relationship:

2. Name:

Phone #

Address:

E-mail address:

Relationship:

3. Name:

Phone #

Address:

E-mail address:

Relationship:

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

My signature denotes that I verify the information provided in this member application is true, correct and complete. I hereby give my consent to the American Red Cross to verify the information contained in this application and regarding my character, including contacting references, educational institutions and previous employers, except where otherwise noted, and unconditionally release your company from all liability which might result from furnishing same. I understand that false or misleading information given on the application or during the interview will be grounds for determining that I am ineligible for participation or for my dismissal after participation.