

RurAL CAP Stimulus AmeriCorps Programs



APPLICANT PROFILE

1. Which program are you applying for (check one):

- BIRCH (Building Initiatives in Rural Community **H**ealth)
- RAVEN (Rural Alaska Village **E**nvironmental Network)

2. What type of position are you applying for (check one):

- Full-Time (40 Hours per week)
- 1 year position
- Part-Time (20 Hours per week)
- 6 month position

3. Community: _____

4. Name: _____
Last First Middle

5. Social Security Number: _____ 6. Date of Birth: _____

7. Are you a U.S. citizen, national, or lawful permanent resident?

- Yes
- No

8. Address: _____
Box Number or Street City State Zip Code

Home Phone Work Phone E-mail Address

EDUCATION

9. Check all that apply:

- Did not complete high school
- Currently enrolled in high school
- GED
- High School Diploma
- Some college
- Associate's Degree
- Bachelor's Degree
- Technical School/Apprenticeship

10. List all schools attended, including high school, trade or technical school, military training, Job Corps, etc.

A. Name of High School: _____ Location: _____

Dates Attended: From: month _____ year _____ To: month _____ year _____

Type of Degree or Certificate: _____

B. Name of School: _____ Location: _____

Dates Attended: From: month _____ year _____ To: month _____ year _____

Type of Degree, Certificate, or Area of Study: _____

C. Name of School: _____ Location: _____

Dates Attended: From: month _____ year _____ To: month _____ year _____

Type of Degree, Certificate, or Area of Study: _____

11. Are you fluent in any language(s) aside from English? If so, which? _____

EMPLOYMENT

12. Are you currently employed? Yes No

13. List below the last three jobs you have held. Begin with the present or most recent position. Please include any self-employment, full or part-time employment. Complete the following section even if you include a resume.

A. Organization: _____ Supervisor: _____

Phone number: _____ Address: _____

Hours / week: _____ From: month _____ year _____ To: month _____ year _____

Your title: _____ Responsibilities: _____

Reason for Leaving: _____

B. Organization: _____ Supervisor: _____

Phone number: _____ Address: _____

Hours / week: _____ From: month _____ year _____ To: month _____ year _____

Your title: _____ Responsibilities: _____

Reason for Leaving: _____

C. Organization: _____ Supervisor: _____

Phone number: _____ Address: _____

Hours / week: _____ From: month _____ year _____ To: month _____ year _____

Your title: _____ Responsibilities: _____

Reason for Leaving: _____

14. Please list any special skills that are relevant: _____

COMMUNITY INVOLVEMENT

15. Please describe any prior community participation: _____

LEGAL

Existence of a criminal conviction/adjudication may or may not, depending on the circumstances, disqualify you from consideration. *However, misrepresentation of that record—lying or not telling the whole truth—will disqualify you.* Do not include minor traffic violations. Please note that if you are selected to be an AmeriCorps Member, you will be required to agree to a background check prior to final confirmation of your selection.

18. Have you ever been:

- convicted of any criminal offense by a civilian or military court? Yes No

19. Are you now:

- under charges for any offenses or are any civil suits or judgments pending against you? Yes No
- on probation or parole? Yes No

If no, skip to “Certification” below.

If you answered yes to **ANY** of the questions above, please provide the following information:

Date: _____ Place: _____
MONTH/DAY/YEAR CITY STATE

Charge: _____ Action Taken: _____

Court, Probation, or Parole Officer: _____ Phone Number: () _____
NAME

Address: _____
STREET ADDRESS CITY STATE ZIP CODE

Include additional charges on a separate sheet.

CERTIFICATION

Your application must be certified with your original signature in ink. Please read the following statement carefully before signing.

I certify that all of the statements made in this application are true, correct, and complete, to the best of my knowledge, and are made in good faith. I understand that the information provided herein may be used to process my application for acceptance into AmeriCorps and for other general routine purposes by RurAL CAP and/or the Corporation for National and Community Service, and it will not be disclosed outside of these entities without prior written permission. Background and security checks may be conducted.

Signature _____ Date: _____

REFERENCES:

Please provide the names and **current** phone numbers of three people who are familiar with your work history and qualifications for this position whom we may contact (preferably not family). They may include supervisors listed on Page 2 of this application.

- Name _____ Phone _____
- Name _____ Phone _____
- Name _____ Phone _____

Make a copy of this application for yourself before submitting it.

OPTIONAL INFORMATION

You do not have to answer the following questions. It will in no way affect your selection for the program.

1. How did you hear about AmeriCorps? _____

2. What is your ethnic background? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Alaskan Native/American Indian | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> African American | <input type="checkbox"/> White/non-Hispanic |
| <input type="checkbox"/> Asian American/Pacific Islander | <input type="checkbox"/> Other: _____ |

3. Gender: Male Female

4. Do you have any special needs that require accommodation? Yes No

If yes, please specify: _____

5. Income: Including yourself, how many people live in your household? _____

Total household income from all sources: \$_____ Do you or Members of your household receive public assistance (e.g., AFDC, Food Stamps)? Yes No

If yes, please specify: _____

6. Do you have children who rely on you as their primary caregiver or for financial support?

- Yes No
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