

ReStart Employment Application

Please fill out this application to the best of your knowledge. If certain sections, like previous employment, do not apply to you, please leave them blank. Leaving portions blank will not affect your chances of employment. We do not judge your past; please be honest.

Applicant Information									
Full Name:	st								
2001	,		<i></i>						
Phone: _()		Email:							
Are you a citizen of the United States?	YES	NO	YES If no, are you authorized to work in the U.S.?	NO					
Have you ever been convicted of a felony?	YES	NO							
If yes, explain:									
		Education	n						
Please indicate your highest level of education									
Please indicate your highest level of education:									
Some High School Graduated High School	Stud	dying for GED	Received GED						
Some College Two-year Degree Fou	ır-year Deg	ree 🗌 Gra	duate-level Degree						
	Pr	revious Empl	loyment						
If you have previous employment experience, please let us know about your two most recent jobs:									
#1 Company:									
City:		State: _							
Starting date:	_ End	date:							
Job Title:									
Reason for leaving:									
#2 Company:									
City:		State: _							
Starting date:	_ End	date:							

ob Title:				
Reason for le	aving:			
			Skills Assessment	
lease indicat	te how familiar you are	with each of these sl		e in any area is not required.
	ection/learning new ta		ans. Trevious experienc	e m any area is not required.
lo experience	_	Some experience	A lot of experience	Very experienced
ime manage	ement/organization:			
No experience	A little experience	Some experience	A lot of experience	Very experienced
Asking questi	ions/seeking clarification	on:		
No experience	A little experience	Some experience	A lot of experience	Very experienced
yping:				
No experience	A little experience	Some experience	A lot of experience	Very experienced
Jsing the Into	ernet:			
No experience	A little experience	Some experience	A lot of experience	Very experienced
		Sponso	ring Organization Inf	ormation
Name of Orga	anization:			
address:	Street Addres	cs		
	City		State	Zip Code
f you current	ly stay at an address th	at differs from the or	ganization's main addr	ess, please provide it below:
	Street Address			
	City	State		Zip Code
Case Manage	r:			
_				_

Email:

Phone:

Additional Questions

Please a	answer these additional questions to the best of your ability.	
1.	Why are you interested in working in the ReStart Program (be as specific as possible)?	
		
2.	The ReStart program is designed for homeless single parents who are the main support for their children. Is this now? Please explain as much as you feel comfortable sharing.	your situation
3.	Orphans Treasure Box is a Christian organization. Faith is not required to be employed in the ReStart program, by you respect our beliefs in your interactions with staff and customers. Would you be able to do this if employed explain.	
4.	ReStart is typically a one year program, designed to help employees take the next steps to becoming independe long-term career goals? What do you see yourself doing in the next 5 years?	ent. What are your
	Disclaimer and Signature	
I certify	Disclaimer and Signature that my answers are true and complete to the best of my knowledge.	
	pplication leads to employment, I understand that false or misleading information in my application or inter	view may result in
	ase. We wish to know ReStart employees' backgrounds in order to know how to best make this program suc	
Signatuı	re: Date:	