ACORN

® ASSOCIATION OF COMMUNITY ORGANIZATIONS FOR REFORM NOW

APPLICATION FOR STAFF POSITION

DATE: _____

1.NAME: _____

2. PRESENT ADDRESS: _____

3. PERMANENT ADDRESS: _____

4. HOME PHONE: _____ 5. WORK PHONE: _____

6. HOW DID YOU HEAR ABOUT ACORN?

_____

7. DO YOU SPEAK ANY OTHER LANGUAGES BESIDES ENGLISH? WHICH? _____

(QUESTIONS 8-13 ARE OPTIONAL)

8. AGE: _____ 9. MARITAL STATUS: _____ 10. DEPENDENTS _____

11. DO YOU OWN A CAR? _____ 12. DO YOU HAVE A DRIVER'S LICENSE? _____

13. HOW MUCH DO YOU NEED TO LIVE MONTHLY? _____

14. EDUCATION: (Brief Description)

_____

_____

_____

_____

15. LIST THREE REFERENCES (Teacher, Friend, Work Supervisor, etc.)

NAME	ADDRESS	PHONE

ACORN

(OVER, PLEASE)