

The Peacemaker Program Application

The following information will be regarded as strictly confidential Date: ___/___/___

Applicant Information

Name: _____

Home Address: _____
Street City State Zip

Home Phone #: ___-___-_____ Social Security Number: _____

Emergency Contact Person: _____ Phone #: _____

Current/Recent Employer: _____ Phone: () ___-___
Position: _____

Type of Organization: _____ Length of time employed: _____

Business Address: _____
Street City State Zip

Do you have email: ___ Yes ___ No E-mail address: _____

Position Applying for: _____

Educational History:

School	Field of Study	Degree	Date
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Youth/Legal or other related experience (volunteer and/or paid):

Organization	Position	Duties	Date
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any specific qualifications/skills you have which would be of value to this program:

Have you ever been convicted of a crime: ___Yes ___No

(note: a conviction does not necessarily bar you from acceptance to this program)

If yes, please explain:

References

Please list three references (e.g. supervisors, professors, mentors, etc. Do not list relatives)

In order to prevent delay in processing your file, be sure to complete all of the information requested

1. Name: _____ Relationship: _____

Address: _____ Phone: ()- _____ - _____

2. Name: _____ Relationship: _____

Address: _____ Phone: ()- _____ - _____

3. Name: _____ Relationship: _____

Address: _____ Phone: ()- _____ - _____

I understand that by submitting this application, I authorize a criminal records and a child abuse state central registry check to be made concerning my suitability as a staff person. In addition, the information in this application and otherwise obtained will be used only for the purpose of determining my eligibility as a staff person. All information will be held in confidence. Criteria used in the selection of staff will be such as to insure that the individual is able to meet the responsibilities of a Peacemaker Program, Inc. staff. No individual will be rejected on the basis of race, color, religious creed, national origin, sex, age or marital status.

I hereby attest that all information given in this application is true to the best of my knowledge

Date: ___/___/___

Applicant's signature: _____

Please Return to: Peacemaker Program, Inc.
270 Genesee St., Utica, NY 13502