

APPLICATION FOR EMPLOYMENT

	PERSONAL INFORMATION		DATE OF APPLICATION:		
Name:	Last	Fir	st	Middle	
Address:	Street	(Apt)	City/State	e Zip	
Alternate Address:	Street		0:1://01-1-	Zip	
Operator at heferene disease (City/State	•	
Contact Information: () Home Telephone		() Mobile Telephone	Email	
How did you learn about	ARM?				
POSITION SOUGHT:			Available Start	Date:	
			Available Start	Date	
EDUCATION: or attach resume	Name and Location		Graduate? - Degree?	Major / Subjects of Study	
High School					
College or University					
Specialized Training, Trade School, etc					
Other Education					
Please list your areas o	of highest proficiency, spe abilities in performing th			may contribute to your	



PREVIOUS EMPLOYMENT

Please list beginning from most recent

Dates Employed	Company Name	Location	Role/Title	
Job notes, tasks perfe	ormed and reason for leaving:			
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Dates Employed	Company Name	Location	Role/Title	
• •				
Job notes, tasks perfe	ormed and reason for leaving:		1	
Dates Employed	Company Name	Location	Role/Title	
Dates Employed	Company Name	Location	Role/Title	
		Location	Role/Title	
	Company Name ormed and reason for leaving:	Location	Role/Title	
		Location	Role/Title	
Job notes, tasks perf	ormed and reason for leaving:			
		Location	Role/Title	
Job notes, tasks perf	ormed and reason for leaving:			
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General Questions:

1. Please list any mission trip or volunteer experience you have. What did you do on the team or as part of the group?



2.	List some values that are important to you and you believe should be in every work place
3.	Do you prefer to work alone or in a group setting and why?
4.	What is your understanding of poverty and the challenges people in poverty face?
5.	What is your understanding of racism and what racial reconciliation should look like?
6.	What is one thing you would do to improve ARM's website?_www.arm-al.org
	ase name this file with your first and last name, ARM application and email form to Director, Lisa Pierce, at lisa@arm-al.org
or	example: lisapiercearmapplication.pdf