

IRENICON, INC.
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Haverhill, MA 01831

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(978) 374-6928 Fax (978) 373-9097

Irenicon does not discriminate on the basis of race, color, national origin, sex, age, religion, or disability.

APPLICATION FOR POSITION OF ASSISTANT

Type of position:

Date:

Live-In (full-time)

Live-Out

Relief

Volunteer

PERSONAL INFORMATION

NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL:

HOME PHONE:

WORK PHONE:

FAX:

SOCIAL SECURITY NUMBER:

DATE OF BIRTH:

PLACE OF BIRTH:

MEDICAL INSURANCE: POLICY #:

LANGUAGES IN WHICH YOU ARE FLUENT:

DO YOU OWN A VEHICLE?

IF YES, MAKE AND MODEL:

REG. NUMBER AND STATE:

HOW LONG HAVE YOU BEEN DRIVING?

DO YOU HAVE A DRIVER'S LICENCE?

IF YES, GIVE THE STATE AND NUMBER:

REFERENCES

ON THE FOLLOWING PAGE, PLEASE LIST AT LEAST FOUR REFERENCES (EMPLOYER, CLERGY, TEACHER, ETC). PLEASE DO NOT INCLUDE FAMILY MEMBERS. AT LEAST ONE REFERENCE MUST BE AN EMPLOYER.

WE ARE REQUIRED TO CALL EVERY REFERENCE, PLEASE CONFIRM THAT THE CONTACT INFORMATION IS UP TO DATE.

REFERENCE #1

NAME:

PHONE:

ADDRESS:

STATE:

ZIP:

RELATIONSHIP TO YOU:

YEARS KNOWN:

REFERENCE #2

NAME:

PHONE:

ADDRESS:

STATE:

ZIP:

RELATIONSHIP TO YOU:

YEARS KNOWN:

REFERENCE #3

NAME:

PHONE:

ADDRESS:

STATE:

ZIP:

RELATIONSHIP TO YOU:

YEARS KNOWN:

REFERENCE #4

NAME:

PHONE:

ADDRESS:

STATE:

ZIP:

RELATIONSHIP TO YOU:

YEARS KNOWN:

EMERGENCY INFORMATION

IN CASE OF EMERGENCY WHOM SHOULD WE CONTACT?

NAME:

PHONE:

ADDRESS:

STATE:

ZIP:

RELATIONSHIP TO YOU:

EDUCATIONAL HISTORY

NAME OF COLLEGE OR UNIVERSITY ATTENDED:

ADDRESS OF COLLEGE OR UNIVERSITY ATTENDED:

DEGREE GRANTED/CONCENTRATION:

DATES ATTENDED:

DATE OF COMPLETION:

NAME AND ADDRESS OF HIGH SCHOOL ATTENDED:

DIPLOMA RECEIVED? YES / NO

PLEASE LIST ANY OTHER EDUCATIONAL COURSES AND/OR EXPERIENCE INCLUDING CERTIFICATATION, LICENSES, AND MEMBERSHIPS:

EMPLOYMENT HISTORY

COMPANY NAME

PHONE NUMBER

START DATE:

END DATE:

DUTIES:

REASON FOR LEAVING:

NAME OF SUPERVISOR

PHONE NUMBER OF SUPERVISOR:

CAN WE CALL THEM? YES / NO

COMPANY NAME

PHONE NUMBER

START DATE:

END DATE:

DUTIES:

REASON FOR LEAVING:

NAME OF SUPERVISOR:

PHONE NUMBER OF SUPERVISOR:

CAN WE CALL THEM? YES / NO

COMPANY NAME

PHONE NUMBER

START DATE:

END DATE:

DUTIES:

REASON FOR LEAVING:

NAME OF SUPERVISOR:

CAN WE CALL THEM? YES / NO

Criminal History

Understand that upon the offer of a position, a criminal background check will be conducted prior to final hire.

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. How did you find out about L'Arche Irenicon? Have you visited another L'Arche community?
2. Have you ever had any experience being with people with disabilities? Please explain.
3. Why do you want to live in community? What are your expectations of community? Please describe any experiences of community living you have had.
4. What personal strengths and weaknesses would you bring to community life?
5. What needs do you have that you would like Irenicon to be aware of? (e.g., spiritual, physical, emotional, academic, etc.)
6. Describe your family background.
7. What are your hobbies and interests?