RAM EMPLOYMENT APPLICATION

Roanoke Area Ministries Inc. 824 Campbell Ave SW, Roanoke, Virginia 24016

Roanoke Area Ministries Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please complete all of the sections below:

Applicant Information			
Applicant Name:			
Address: City, State and Zip Code:			
Day Telephone Number:			
Email Address:			
Date of Application:			
Employment Position			
Position(s) applying for:			
How did you hear about this pos	ition?		
If needed, are you available to w			
On what date can you start work	• •		
Do you have reliable transportati Salary range desired:	on to and from work?		
Personal Information			
Have you ever applied to or worked for Roanoke Area Ministries Inc. before?			No
If yes, When?			
Do you have any friends, relati	ves, or acquaintances working for Roanoke		
Area Ministries Inc.?			No
If yes, state name and relationsh	ip:		
Are you 18 years of age or older?			No
Are you a U.S. citizen or approved to work in the United States? What document(s) can you provide as proof of citizenship or legal status?			No
vvnat document(s) can you provi	de as proof of chizenship of legal status?		
Will you consent to a mandatory controlled substance test?		Yes _	No
Do you have any condition which If yes, please describe accommo	would require job accommodations?	Yes _	No
ii yes, picase describe accommic	ruations required below.		

Job Skills / Qualifications Please list below the skills and qualifications you poss	A and considers reasonable as to perform essential function	accommodation measures
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	to perform essential function	
	to perform essential function	
(Note; Roanoke Area Ministries Inc. complies with the AD. that may be necessary for eligible applications/employees may be tested on skill/agility and may be subject to a medi	· · · · · · · · · · · · · · · · · · ·	
Education and Training		
High School		
Name Location (City, State)	Year Graduated	Degree Earned
College/University		
Name Location (City, State)	Year Graduated	Degree Earned
Vocational School/Specialized Training		
Name Location (City, State)	Year Graduated	Degree Earned
<u>Military</u>		
Are you a member of the Armed Services?		
What branch of the military did you enlist?		
What was your military rank when discharged? How many years did you serve in the military?		
What military skills do you possess that would be an	asset for this position?	
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Previous Employment			
Employer Name: Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for Leaving:			
Employer Name: Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for Leaving:			
Employer Name: Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for Leaving:			
References Please provide 3 personal and pe	rofessional reference	e(s) below:	
Reference		Contact Information	
Additional Information:			
Do you have any experience we explain.	rith the Homeless I	Management Information Sy	ystem (HMIS)? If yes,

AT-WILL EMPLOYMENT

The relationship between you and the Roanoke Area Ministries Inc. is referred to as "employment at will". This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Roanoke Area Ministries Inc. No representative of Roanoke Area Ministries Inc. has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will", and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Director or Chief Operations Director.

Applicant Signature:		Date:	
	(Type Name Here)		