6655 West Sahara Avenue, Suite B-200 Las Vegas, Nevada 89146

## **VOLUNTEER-EMPLOYMENT APPLICATION**

Today's Date://	
Please download or print and write clearly i	n black ink to complete application.
1. Name:	
Home Phone:	Cell/Message Phone:
2. Address:	
Apt. No.: City:	State: Zip:
3. Permanent Address (if different from above	ve):
Apt. No.: City:	State: Zip:
4. Social Security#:	Are you l8 years or older? ( ) No ( ) Yes
5. Who should be contact in case of emerger	ncy?
Relationship: Home Ph:	Cell/Work Ph: Ext:
6. Address:	
	State: Zip:
7. List any other names under which volunte	eer/employment may be verified:
8. Position Desired:	
Salary Desired: \$	Date You Can Start:
9. When are you available to volunteer/work ( ) Overtime ( <i>if required</i> )	(? () Full-Time () Part-Time () Evenings () Weekend
10. Hours Available: ( <i>indicate AM or PM</i> ) (	) Mon - Fri: to
	( ) Sun: to
11 If	· 1/
11. If unavariable to volunteer of work certa	in days/hours, please explain:
12. Are you currently volunteering or emplor If yes, may we contact the organization of	
· • • • • • • • • • • • • • • • • • • •	volunteer with IPHF or AEA before? ( ) No ( ) Yes When?
14. Have you ever worked at or volunteered location:	with IPHF or AEA before? ( ) No ( ) Yes If Yes, at what to to

## IPHF Volunteer-Employment Application-cont'd

15. Do you have any rela	tives who volunteered, or were,	employed by I	PHF or AEA	? () No () Yes If	Yes,
Name(s):					
Position					
Location:					
	lriver's license?() No () Ye Class: Expires:				
<u> </u>	illing to transfer within the area area? ( ) No ( ) Yes	n? () No () Y	Yes If requir	ed, are you willing	
18. Are you legally eligiber required to produce e	ele to work in the U.S.? ( ) No vidence.)	( ) Yes (If hire	ed, you could	possibly be	
been erased, sealed, l disclosure. Some state create a right not to a You may wish to seel conviction informatio related offenses more	onvicted of a crime? ( ) No ( egally eradicated or expunged e laws protect your right not to lisclose convictions that occurred legal counsel or guidance regan. (California applicants may rethan two(2) years old (excepted fly describe the nature, date, and	by civil order odisclose certained beyond a central action beyond a central action beyond the central action beyond the convictions for the convictions for the disclose actions for the convictions for the disclose actions	or are protected to types of contrain amount of the types of contrains amount of the types of types of the types of types	ed by state law from victions and may of time in the past.) I law before disclosing avictions for marijuand marijuana on school	
offense. The nature, downlich you are applying 20. Do you have any spectare applying? ( ) No	vill be denied volunteer-employate, surrounding circumstances, g will be taken into considerational training, skills, or experience ( ) Yes If yes, describe below	and relevance on. e that are relev v:	of the offense	e to the position for ition for which you	inal
	were you previously, in the mily, or are currently, in the milita	-		-	
High School					
College					
Graduate School					
Trade School					
Other					

## IPHF Volunteer-Employment Application-cont'd

**Employment History:** List below current and last three Employers, starting with the most recent - use (M/D/Y). Please include any non-paid/volunteer experience which is related to the job for which you are applying. Please complete even if you attach a resume.

	* *			
From: To:	Current Employer (Name &Address of Employer - Type of Business)	Position	Salary or Hourly Wage Start: End:	Reason for Leaving
			If hourly, Average # of I per week:	hours
Duties Performed				
Supervisors Name	Phone Number			May We Contact?
From:	Previous Employer (Name &Address of Employer - Type of Business)	Position	Salary or Hourly Wage	
То:			Start: End: If hourly, Average # of l per week:	Leaving hours
Duties Performed				
Supervisors Name	Phone Number			May We Contact?
From:	Previous Employer (Name &Address of Employer - Type of Business)	Position	Salary or Hourly Wage	Reason for
То:			Start: End: If hourly, Average # of I per week:	Leaving hours
Duties Performed			per week.	
· ·				
Supervisors Name	Phone Number			May We Contact?
-	Phone Number			May We Contact?
Supervisors Name	Phone Number ive below the names of three (3) professional references,	whom yo	u have known at le	
Supervisors Name		-	usiness Years	east one (1) year.  Acquainted. How Do
Supervisors Name  References: Gi	ive below the names of three (3) professional references,	-	usiness Years	east one (1) year.
Supervisors Name  References: Gi  Name	ive below the names of three (3) professional references,	-	usiness Years	east one (1) year.  Acquainted. How Do
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References: Gi  Name  1.)  2.)  3.)  I hereby authorize employment record applicable), and proregarding my curres such information. I discipline up to another should I become a conveyed during an form does not indicor choose me. I de	I.P. Hunt Foundation (IPHF) and/or its subsidiaries to thorouged and other matters related to my suitability for employment. I evious employers and organizations contacted by I.P. Hunt Form tend/or previous employment and I release all persons, school understand that misrepresentation or omission of facts may red including dismissal. I understand that I may be required to strought tend/or previous employment and I. I may be required to strought tenders and the provided including dismissal. I understand that I may be required to strought tenders and the provided in the	thly investicauthorize authorize sundation to be sult in rejudition a confident that nothing the sult obligate to the sult of	igate my background persons, schools, my o provide any relevance of any and all cection of this applicate identiality and/or nor ing contained in this t contract. I understate I.P. Hunt Foundation	l, references, v current employer (int information laims for providing tion, or if selected, n-compete agreemen application, or and that filling out the on in anyway to select