

Family Status

Single

Married

Spouse's Name: _____ Spouse's Date of Birth: _____

If you have any children, please indicate their name, gender, and date of birth.

Name	Gender	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment and Educational History

Employer

Occupation

Highest level of education completed

Health and Other Issues

Have you had any physical or emotional illness that could affect your ability to volunteer?

No Yes If yes, please describe.

Have you ever been charged, convicted or pardoned for a criminal offense?

No Yes If yes, please describe.

Is there anything from your past that might be a problem for us if we found out about it later?

No Yes If yes, we will discuss privately in your interview.

References

Please print the names of 3 references that you have known for two years or more. These references will be contacted and asked to complete a brief questionnaire.

Character Reference

Name _____ Home Phone (____)-____-
_____ first last

Address _____ Work Phone (____)-____-

_____ Years Known _____

Email address _____ Relationship to you _____

Work/Volunteer Reference

Name _____ Home Phone (____)-____-
_____ first last

Address _____ Work Phone (____)-____-

_____ Years Known _____

Email address _____ Relationship to you _____

Family Reference

Name _____ Home Phone (____)-____-
_____ first last

Address _____ Work Phone (____)-____-

_____ Years Known _____

Email address _____ Relationship to you _____

Signature

To the best of my knowledge, all of the information on this application is true. I authorize South Atlanta Bike Shop to contact my listed references and complete a background investigation which includes criminal history.

Signature _____ Date _____