

HEALTH INFORMATION

The job for which you are applying involves a substantial amount of public contact to present various issues. Do you have any health conditions, requirements, or physical handicaps that would effect your ability to perform this function? If so, please provide details:

CRIMINAL RECORD

Have you ever been convicted of a crime? (Circle One) YES NO

If so, please specify for each conviction:

- A) The approximate date; _____
- B) The jurisdiction (city and state); _____
- C) The crime of which you were convicted; _____
- D) Any further information or explanation you would like to provide concerning the circumstances of your arrest and conviction. _____

PROFESSIONAL REFERENCES (Other than friends and relatives)

1. _____

NAME	ORGANIZATION	POSITION	PH#
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2. _____

NAME	ORGANIZATION	POSITION	PH#
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IN CASE OF EMERGENCY

Please Notify: _____

NAME	ADDRESS
RELATIONSHIP	PH#

I certify the truth and accuracy of all the information in this application, any attachments to the application and any resume I have submitted. I understand that providing false or misleading information in connection with this application is grounds for discharge.

SIGNATUREDATE

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FOR OFFICE USE ONLY

Interviewer Name: _____ Date: _____ Time: _____

Circle One: SET or NOT SET If Obs Day/ Day One was set, specify date: _____

Is this person interested in volunteering? (Circle one) YES NO

If not set please indicate why: _____

If the person wanted to be called back, please indicate the date : _____

ANY ADDITIONAL COMMENTS CAN BE ATTACHED SEPERATELY

Please send completed applications to NARAL Pro-Choice Minnesota, 2500 University Ave W, Saint Paul, MN 55114 or fax to 651-602-7658 ATTN: Canvass Program.