

Application



We Care Program is a ministry dedicated to
“Proclaiming Christ and Discipling Inmates.”

Our **Thrift Stores** exist for the purpose of helping to provide funding for this ministry to prison inmates. Through the sale of donated items and a team of dedicated workers, income is generated to help cover the costs of this outreach.

General Information

- Name: Date:
LAST FIRST MIDDLE
- Current Address: City: State: Zip:
- Home Phone: Cell Phone:
- E-Mail:
- Date of Birth: Citizenship:
- Social Security Number:
- Driver's License Number: State: Marital Status: *Single* *Married*
- Person to contact in case of emergency: Name:
Relationship: Phone:
- Have you ever been convicted of a crime/felony/misdemeanor? If so, please explain.

Education

List schools attended.

- High School: Graduated? Yes No Year:
College, University, Technical School, etc.:
Number of years attended: Graduated? Yes No Year:
Degree/Certificate:
- Skills for which you are licensed or certified:

Occupational Experiences

List employment history below. List most recent first. Attach resume if available.

12. Name of Employer: _____ Employed from: _____ to: _____
Address: _____ Phone: _____
Position: _____
Nature of work performed: _____
Supervisor's Phone and E-Mail: _____
Reason for Leaving: _____

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13. May we contact your current employers? _____

Interests & Abilities

14. List areas in which you have experience. _____

15. List areas in which you have interest. _____

16. Evaluate your ability to work with others, especially as part of a team? _____
17. Do you speak and/or write any languages other than English? _____
18. Are you physically able to perform all the functions of the job for which you are applying?
- | | |
|------------------------------------|--|
| Lift/Carry up to 50 lbs. | <input type="checkbox"/> YES, without accommodations. |
| Stand for extended periods of time | <input type="checkbox"/> YES, with accommodations. Please explain. |
| Lift/Move Furniture | _____ |
| Sort Clothing | _____ |
| Organize Products | _____ |
| Stock Racks & Shelves | _____ |

Personal References

List four persons who can provide a personal reference for you (e.g. teacher, friend, fellow employee, supervisor). Do NOT include close relatives.

19. Name: _____ Relationship: _____
 Address: _____
 E-Mail: _____ Phone: _____
- Name: _____ Relationship: _____
 Address: _____
 E-Mail: _____ Phone: _____
- Name: _____ Relationship: _____
 Address: _____
 E-Mail: _____ Phone: _____
- Name: _____ Relationship: _____
 Address: _____
 E-Mail: _____ Phone: _____

To the best of my knowledge, all of the information on this form and any attached addendums is true and complete. I hereby give We Care Program permission to solicit personal character references as needed from the persons listed above. I understand We Care Program will keep those references confidential and I also waive access to those references. If accepted for assignment, I agree to abide by the policies of We Care Program.

Signature: _____ Date: _____

RETURN TO: Supervisor/Manager

- | | | |
|---|--|---|
| <input type="checkbox"/> Atmore Thrift Store
100 S. Main St
Atmore, AL 36502
(251) 368-9046 | <input type="checkbox"/> Monroeville Thrift Store
78 N. Alabama Ave
Monroeville, AL 36460
(251) 575-2945 | <input type="checkbox"/> Flomaton Thrift Store
22172 Hwy 31
Flomaton, AL 36441
(251) 296-4300 |
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