

Christian Friends of New Americans

Employment Support Program

Registration

Date _____ Last Name _____ First Name _____ Gender _____

Address (street name/number, city, state, zip code) _____

Phone Number _____ Email _____

Birth Country _____ Date of Arrival in USA _____

Languages: Spoken _____ Written _____

Work/Job Skills _____

Work/Job Experience _____

Education _____

Type of Work/Job Desired _____

___ Full Time or ___ Part Time Preferred Hours to Work _____

Issues/Concerns (List issues that will impact your ability to work e.g. need public transportation, need child care, eye strain, heavy lifting limitation, can't stand or sit for extended periods, other) _____

Please Check Here if You Would Like Assistance With: _____ Writing a Resume
____ Improving Interviewing Skills _____ Finding Job Training (list the type of training) _____

IMPORTANT NOTICE Please read before signing and submitting this form.

By completing this form, I understand that neither CFNA nor any of its employees, volunteers, directors or supporters guarantees that employment with any company will result from the assistance that is provided. I further understand that neither CFNA, nor any of its employees,

volunteers, directors or supporters will be responsible for: fulfilling any commitments made by any employer; or dealing with any workplace or performance issues with any employer that might result from participation in the Employment Support Program. Neither CFNA nor any of its employees, volunteers, directors or supporters will be involved in or a party to the employee/employer relationship that might result from participation in the Employment Support Program.

Agreed to by: _____ Print Name

_____ Signature

_____ Date

Please send completed/signed Registration form to akuebler@cfna-stl.org