

# THE VILLAGE OF MERICI INC. EMPLOYMENT APPLICATION

## APPLICANT INFORMATION

Date of Application:

Name:

Preferred Name:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

## EMAIL ADDRESS:

## APPLICANT EMPLOYMENT/VOLUNTEER/DAY PROGRAM INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary *(Please circle)*

Annual income:

Hours per week:

Work Hours:

## REFERENCES

Name

Relationship

Phone

## REFERRAL SOURCE

Name:

Address:

City:

State:

Zip:

Phone

Relationship to Applicant:

## SIGNATURES

I authorize the verification of the information provided on this form as to my employment skills. I have received a copy of this application.

Signature of applicant:

Date:

Please return this application via email:

Michelle Harker, Staff Support Specialist

[michellekharker@villageofmerici.org](mailto:michellekharker@villageofmerici.org)

317-991-4094

Revised 2.2023

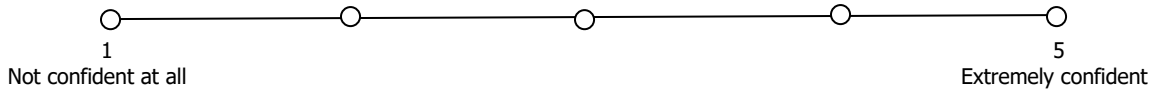
**Please complete the information below to indicate your availability for work.**

Day	12am-8am	8am-10am	10am-6pm	6pm-8pm	8pm-11pm
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

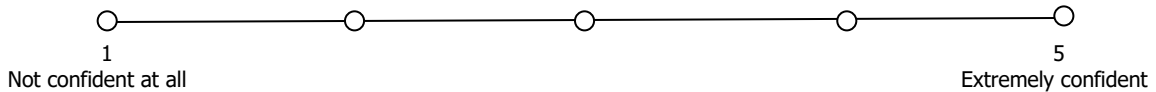
How many hours per week would you like to work? \_\_\_\_\_

### **Technology Knowledge Questionnaire**

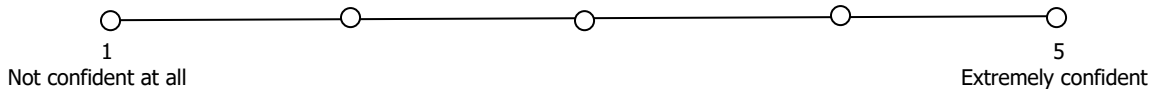
How confident am I with using my Smart Phone:



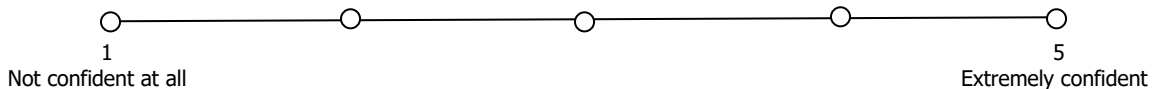
How confident am I using my Smart Phone for email:



How confident am I using my Smart Phone for texting:



How confident am I using my Smart Phone for an internet search:



How confident am I downloading a new app onto my Smart Phone:

