

3504 Grand Ave., Ames, IA. 50010 Office@hfhci.org 515-232-8815

NAME (print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AREA OF INTEREST: (check all that apply) BIRTHDAY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE: \_\_\_\_\_\_\_

STORE: \_\_\_\_\_Sales Floor \_\_\_\_\_Receiving \_\_\_\_\_Pickup/Delivery \_\_\_\_\_Cashier \_\_\_\_\_Repair

CONSTRUCTION:

\_\_\_\_\_Drywall Finishing \_\_\_\_\_Landscaping \_\_\_\_\_Carpentry \_\_\_\_\_Finish Carpentry \_\_\_\_\_Heating

\_\_\_\_\_Electrical \_\_\_\_\_Plumbing \_\_\_\_\_Painting \_\_\_\_\_General Labor \_\_\_\_\_Cleaning

OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A State Sex Offender Registry check will be performed with each HFHCI application submitted. Date Checked \_\_\_\_\_\_\_\_\_\_\_

AVAILABILITY: (Check all that apply)

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_

Please indicate AM, PM or Both shifts.

Thank you for your interest in Habitat and our service to the community. We will contact you by email when we have opportunities available for you.

Signature Date