

Work References: *(Please use back of form if needed)*

Do you have any professional licenses or certifications? _____

List all previous work for the last 7 years. Please fill in all blanks.

1. _____
Employer Supervisor Position you held

Address City State Zip

Phone Dates Employed

2. _____
Employer Supervisor Position you held

Address City State Zip

Phone Dates Employed

Have you ever lived in or served at any ISKCON Center in the past? YES / NO

If yes, list 3 ISKCON references and provide their contact information:

1. _____
ISKCON Center Your Service(s)

Contact Person - Name Position Phone / E-mail

2. _____
ISKCON Center Your Service(s)

Contact Person - Name Position Phone / E-mail

3. _____
ISKCON Center Your Service(s)

Contact Person - Name Position Phone / E-mail

We would like to know how to best engage you in Lord Krishna's service! *(Please use back of form if needed)*

Please list your special skills: _____

What services would you most like to perform? _____

Please tell us why you would like to reside within this community: _____

Have you ever served in the Military? YES / NO _____
If yes, branch and rank

Have you had First Aid or CPR Training? YES / NO

If you answer "Yes" to any of the following questions, you may explain your answer on the back of this sheet. You may decline to answer any one of these questions, or you may discuss your answers confidentially with the interviewer rather than answering on this form.

Answering yes or leaving any question unanswered will not necessarily disqualify an applicant.

Have you ever been convicted for a felony? YES / NO

Have you been convicted for a misdemeanor? YES / NO

Are you currently out on bail, the subject of a current warrant for arrest or released on your own recognizance pending trial? YES / NO

Has your Drivers Licenses been suspended or revoked in the last 10 years? YES / NO

Have you ever been charged with or committed domestic violence? YES / NO

Have you ever abused a child? YES / NO

The following questions are for those wishing to reside on ISKCON property:

Are you a U.S. Citizen – YES / NO If not what is your residency status? _____

Marital Status (circle one) Single – Married - Separated – Divorced - Cohabit

Spouse: Spiritual Name _____ Legal Name _____

Do you have children? YES / NO _____
If yes, names and ages (Use back of sheet if necessary)

Do you have any major or chronic health problems? (Asthma, Diabetes, Heart Condition, Depression, Cancer, etc.) YES / NO

Have you ever been diagnosed with or treated for mental illness? YES / NO

If 'yes' to either question, please explain: _____

Do you take any medications? _____

Do you have medical coverage? YES / NO If so, please list: _____

Do you own or possess any weapons (gun, hunting bow, etc...)? YES / NO

If Yes- Description - _____ State _____ Registration No: _____

