## International Society for Krishna Consciousness Employee / Volunteer Application

Thank you for choosing to perform service for ISKCON. In order to assist you in your service to Guru and Krishna, and to help us ensure a safe environment for the members of our community, please complete the form below:

			Date:		
Initiated Name/ AKA	Initiated - Wh	Initiated - Where / When		Guru	
Legal: First Name	Last Name	Mie	ddle Initial	Gender	
Please c	onfirm your identity with a State Driver's I Note to Management: Make a Pho			cation	
Driver's License #:		State of Issue	Expirati	on Date	
Present Address: Ho	ow long have you lived at this address? _	years	months		
Street		City	State	Zip	
Home Phone	Work Phone	E-ı	mail		
Please list your previo	ous addresses for the last 7 years andCity	time spent there. U	Jse back of sheet	<i>if necessary:</i>	
Street	City	State	Zip	Date From- To	
Street	City	State	Zip	Date From- To	
Emergency Contact:	Name (include legal)				
Street	City		State	Zip	
Home Phone	Work or Cell Pr	none	Relationship	)	
Please describe your	educational background, including date	es and names of inst	itutions:		
Dates	Institution		Deg	ree Earned	
Dates	Institution		Deg	gree Earned	

## 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 yo	ou held
Address	City	State	Zip
Phone	Dates Employed		_
Have you ever lived in or served a If yes, list 3 ISKCON references and 1	at any ISKCON Center in the past? YES I provide their contact information: Your Service(s)	/ NO	
Contact Person - Name	Position	Phone / E-mail	
2 ISKCON Center	Your Service(s)		<u></u>
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 be	st engage you in Lord Krishna's service!	(Please use back of	form if needed)
	o perform?		
	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 – YE	ES / 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

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...

If 'yes' to either question, please explain:

Do you take any medications?

e ...

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: \_\_\_\_\_

## DISCLOSURE

As part of the volunteer/employment process, \_\_\_\_\_\_\_\_(the "Company"), will obtain a consumer report (known as an investigative consumer report in California), which I understand may include information regarding my character, general reputation, personal characteristics, mode of living.

## AUTHORIZATION

During the application process and at any time during the tenure of my volunteering/ employment with the Company, I hereby authorize the Company to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

The information contained in this application is true and correct. I authorize any references or temples listed here to give any information (including opinions) that they may have regarding my character. In consideration of the evaluation of this application by ISKCON of \_\_\_\_\_\_\_, or \_\_\_\_\_\_ School / Temple. I hereby release any individual, temple, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature.

I understand that my acceptance in any position applied for will be pending completion of the screening process satisfactory to the Company. Should my application be accepted, I agree to be bound by the Policies and Bylaws of the International Society for Krishna Consciousness. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGALLY BINDING AGREEMENT WHICH I HAVE READ AND UNDERSTOOD.

We are hereby providing you a summary of your rights: <u>https://www.rhris.com/FormsLibrary/FCRA%20summary-english.pdf</u>

Name Printed	Signature	Date				
Social Security Number *	OR Green card #					
Date of Birth/ _/ Country of Birth: Month / Day / Year						
* The Social Security number is for one time use for identification purposes. Transmitting Social Security numbers via email is discouraged. For the protection of the applicant transmission, either in person or by calling it in is advised.						
Office Use Only						
CPO Clearance Result Received:	Date	Note:				
Criminal Background Check Result Received: Date Note:						
References Called: Notes:						