



Orlando, Florida 32811  
407-901-3749

## Florida Rights Restoration Coalition Employment Application

Instructions: Please answer all questions and print clearly in black or blue ink. Please also provide resume if available.

Date: \_\_\_\_\_

Available Start Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code: \_\_\_\_\_

Cell \_\_\_\_\_ Email Address \_\_\_\_\_

Are you over the age of eighteen (18)? YES NO

Are you authorized to work in the United States? (Circle one) YES NO

Positions for Organizing Dept:

Do you have previous experience as a Canvasser? (Circle one) YES NO

Do you have previous experience as an Organizer? (Circle one) YES NO

Do you have previous experience working at the elections (i.e. poll worker)?  
(Circle one) YES NO

Are you available on weekends? YES NO

### Employment History

1.

\_\_\_\_\_  
(Organization) (Address)

\_\_\_\_\_  
(Position/Title) (Supervisor/Contact Name/Phone Number)



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2.

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(Organization) (Address)

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(Position/Title) (Supervisor/Contact Name) (Phone Number)

3.

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(Organization) (Address)

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(Position/Title) (Supervisor/Contact Name) (Phone Number)

4.

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(Organization) (Address)

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(Position/Title) (Supervisor/Contact Name) (Phone Number)

**Educational Background**

	<b>Name and Location of Institutions</b>	<b>Number of Years Attended</b>	<b>Did You Graduate</b>	<b>Field of Study</b>
<b>High School</b>				
<b>College</b>				
<b>Trade or Vocational School</b>				

**I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false information, omissions**



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**or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment.**

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(Signature)

(Date)