The Abraham Connection
HOMELESS SHELTER

P.O. Box 910
Delta, CO 81416

Neighbors Helping Neighbors
A Brighter Tomorrow

EMPLOYMENT APPLICATION

Thank you for your interest in working at The Abraham Connection Homeless Shelter.
Please complete this application and return it in person or by mail.

PERSONAL INFORMATION

Full Name: _____ Date: _____

Phone: _____ Email: _____

AVAILABILITY

What is the best way to contact you? ☐ Phone Call ☐ Text Message ☐ Email

Which shift(s) are you interested in working? ☐ Evening Shift (6:00 p.m. – 11:00 p.m.)
☐ Morning Shift (5:30 a.m. – 8:00 a.m.) ☐ Either Shift

Are you available to work holidays? ☐ Yes ☐ No

Are you available to work weekends? ☐ Yes ☐ No

Are there any days or times you are not available? _____

EXPERIENCE

Tell us about any experience you have that might be helpful in this position (paid or volunteer).

_____

_____

_____

WHY ARE YOU INTERESTED?

Why are you interested in working at The Abraham Connection?

_____

_____

_____

CERTIFICATION

I certify that the information I have provided in this application is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Thank you for helping us make a difference in the lives of our neighbors.