



COFI
Community
Organizing and
Family Issues

COMMUNITY ORGANIZING AND FAMILY ISSUES (COFI)

Application Form for Employment

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Position Applied for			
Are you fluent in Spanish?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a driver's license and a car? YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have at least 3 years' experience working as an organizer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Required for COFI experienced organizer position. If yes, explain (and list relevant experience on page 2)
Have you worked in low-income communities of color?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain (and list relevant experience on page 2)

EDUCATION			
High School		City/State	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		City/State	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		City/State	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

PROFESSIONAL/ORGANIZING REFERENCES		
<i>Please list three references who can speak to your work experience.</i>		
Full Name	Relationship	
Organization	Phone	Email
Full Name	Relationship	
Organization	Phone	Email
Full Name	Relationship	
Organization	Phone	Email

PREVIOUS EMPLOYMENT AND/OR ORGANIZING EXPERIENCE

Organization		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Supervisor's Email		
Organization		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Supervisor's Email		
Organization		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Supervisor's Email		

RELATED VOLUNTEER OR LEADERSHIP EXPERIENCE

Organization	From	To
Tasks / Responsibilities	Title	
Most important learning		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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Please email to applications@cofionline.org or fax to 312-226-5144 or mail to COFI, 2245 South Michigan, Suite 200, Chicago Illinois 60616.