



Application Information

Please Print Clearly

Name _____ Date of Birth _____ Driver's License # _____
 Employer _____ Work Phone # _____
 Vehicle _____ License Plate # _____ Cell Phone # _____
 Social Security # _____ Sobriety Date _____

Relationship Status:

- a. Single _____
- b. Married _____
- c. Domestic Partner _____
- d. Divorced _____

- e. Separated _____
- f. Widow/Widower _____
- g. Other (please explain) _____

Do you have children? _____ If yes, please list children by gender, age and where they reside:

Nearest Relative

Name _____ Relationship _____
 Street Address _____ City _____ State _____
 Home Phone # _____ Cell # _____ Work # _____

Emergency Contact #1

Name _____ Relationship _____
 Street Address _____ City _____ State _____
 Home Phone # _____ Cell # _____ Work # _____

Emergency Contact #2

Name _____ Relationship _____
 Street Address _____ City _____ State _____
 Home Phone # _____ Cell # _____ Work # _____

Source of Income: Identify your current source of income and amount of income:

Income Source: _____ Monthly Income _____

Employment History: Employment history for the past three years, starting with current or most recent job.

Employer/	Address	Phone #	# Hours Weekly	Supervisor
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Do you consent to our contacting your current employer, if any, only to verify income? Yes No

Residence Application - Page Two

Criminal Conviction History: A criminal background check may be conducted for all applicants.

Have you been convicted of any crime or offense?

No Yes.

If yes, please identify the dates of all convictions and the crimes convicted of:

If you are on probation or parole, please provide date began and when this condition is completed:

Please provide probation or parole officer name & contact information for verification:

Name: _____

Do you voluntarily agree to refrain from using alcohol and any illegally controlled substances, narcotics, marijuana (including medical marijuana) and alcohol while residing at the home?

Yes No

Do you agree to random drug testing while residing at Archway House?

Yes No

Do you agree to the following additional elements for residing at Archway House? Check the box if you agree or write "no" in the space provided.

The House Rules provided to you for review during your interview.

Quiet time of 11: 00 pm Sunday through Thursday for sufficient rest for work, volunteering or school.

Guests, including family members, may not spend the night at the home.

Use of a shared calendar app to keep the household informed of your schedule and for your safety.

References:

Name _____ Relationship _____
Street Address _____ City _____ State _____
Home Phone # _____ Cell # _____ Work # _____

Name _____ Relationship _____
Street Address _____ City _____ State _____
Home Phone # _____ Cell # _____ Work # _____

Applicant Signature

Date

Print Name