

SANCTUARY

PROJECT

Application for Employment

Sanctuary Project is a community of survivors and their advocates creating beautiful products with messages of hope. All our products are handmade by survivors of trafficking, violence, and addiction who are in the process of restoring and rebuilding their lives and hearts. We create a safe space for survivors to grow in practical skills, unleash their creativity, embrace their femininity, and heal their hearts - all in community with other survivors.

You could be a great fit for our community if you...

Have previously experienced sexual exploitation by means of force, fraud or coercion.

Have survived violent situations.

Have been in treatment for drug and alcohol addiction and established recovery and sobriety.

Basic Information Referred by: _____

Date: _____

Name: _____

DOB: _____

SS#: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____

Email: _____

I have exited the sex industry. ____ Yes ____ No Date: _____

How long were you in the sex industry? _____

Emergency Contact: _____

Education Last school attended: _____

City, State: _____

Grade Completed: _____

Do you have your High School Diploma or GED? ____ Yes ____ No

Legal/Employment Are you a US citizen? ____ Yes ____ No

Are you legally eligible for employment in the United States? ____ Yes ____ No

Have you ever been employed? ____ Yes ____ No

If yes, please fill this box out below.

Company:	Dates Employed: To
Address:	Phone:
Supervisor:	Responsibilities:
May we contact? Yes or No	
Additional Employers	
Company	Dates Employed: To
Address:	Phone:
Supervisor:	Responsibilities:
May we contact? Yes or No	

Have you ever been convicted of a crime? ____ Yes ____ No

Please Explain: _____

Do you have any felony convictions? ____ Yes ____ No

Please explain: _____

Do you have any outstanding legal issues (pending cases, community service requirements, probation, etc.)? ____ Yes ____ No

Please explain: _____

Are you currently on parole? ____ Yes ____ No

If yes, City and State _____

Do you give us permission to do a criminal background check? ____ Yes ____ No

Have you been in a residential program? ____ Yes ____ No

Program name: _____

Location: _____

Months resided: _____ Dates: _____

Reason for Leaving: _____

Relationships Are you still in touch with people you met while in "the life"? ____ Yes ____ No

Describe the relationship and how are you in contact? _____

Have you ever been involved with a gang? ____ Yes ____ No

Please Explain: _____

What made you decide to apply? _____

Are you willing to attend weekly counseling sessions? _____

Are you willing to attend a drug/alcohol recovery support group? (even if drugs have not been an "issue" it still can help with other addictive behaviors) _____

Are you willing to meet with a mentor? _____

What would you like us to know about you? _____

Have you been in any in/outpatient therapy in the last 2 years? ____ Yes ____ No

Have you ever participated in a drug treatment program? If so, please list your drug(s) of choice, when you received treatment, and how long you have been clean _____

By signing below, you are agreeing that the above information is accurate and truthful to the best of your knowledge. Falsification of any part of this application will result in the immediate withdrawal of the application and termination of services.

Print Name:

Signature:

Date:
