

PO Box 2130 • Boulder Creek, CA 95006 • 800-531- 4001 • www.vajrapani.org

EMPLOYMENT APPLICATION

	EMI EO IMEMI MILEC	
	r Work Study r Full Time Employment	
	taking the time to complete this form. Feel free the names and addresses of three references as	
Date:		
Name:		
Address:		
		E-mail:
Phone:		Fax:
Are you a US	citizen, and if not, do you have a legal right to w	ork in the US?
1. What interthis experi	rests you about working at Vajrapani Institute? ience?	What are your hopes and expectations of

2.

What is your experience with Buddhist practice or philosophy?

3.	Do you have any experience living or working in a Buddhist center or other spiritual community? Please describe.			
4.	Describe a significant experience you have had working (or playing) in a group.			
5.	Describe your educational background, hobbies, interests and abilities, particularly as these relate to the work you would be doing at Vajrapani.			
6.	When are you available to work? Describe any time limitations you may have.			
7.	Do you have your own vehicle?			
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9. Please list three employers / reference Company:	ces and provide a resume.		
Address:			
Position:	Employment date:		
Direct Supervisor:	Telephone:		
Email:			
Company:			
Address:			
Position:	Employment date:		
Direct Supervisor:	Telephone:		
Email:			
Company:			
Address:			
Position:	Employment date:		
Direct Supervisor:	Telephone:		
Email:			
I hereby certify that all statements and claims made on this and attached documents are true and correct and understand that any omissions or false information are grounds for immediate rejection of the application and or termination from employment. I also authorize Vajrapani Institute to contact the references listed above and obtain personal and historical information about me.			
Any future employment arrangement wit contrary representations to be binding, th	th Vajrapani Institute will be on an "at-will" basis. Faey must be given in writing.	or any	
Signature of applicant:			
Date:			

Do you have any medical conditions that might limit your physical activity? If so, please describe.

8.