

Fax completed forms to Father Lambro at (973) 523-6183 or mail to:
 476 Seventeenth Avenue
 Paterson, NJ 07504-1123

SITUATIONS WANTED/OPERATION JOB MATCH

FIRST NAME	MIDDLE	LAST NAME
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ADDRESS	APT #	CITY	STATE	ZIP
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TELEPHONE DAY _____	TIME YOU CAN BE REACHED _____
CELL PHONE _____	BEEPER # _____
	E-MAIL _____

TYPE OF WORK DESIRED

WOULD YOU CONSIDER A DIFFERENT TYPE OF WORK FROM ABOVE? ____ YES ____ NO
 IF YES, WHAT TYPE OF POSITION?

BEGIN WITH THE MOST RECENT POSITION. ALSO FURNISH DATES

NAME/ADDRESS OF EMPLOYER OR VOLUNTEER ORGANIZATION	DATES MONTH/YEAR	KIND OF BUSINESS	NATURE OF DUTIES	APPROX WEEKLY SALARY	REASON FOR LEAVING
	FROM: TO:				
	FROM: TO:				
	FROM: TO:				

EDUCATION HIGH SCHOOL/COLLEGE	DATES ATTENDED OR DATE GRADUATED	DEGREE/FIELD

LIST ANY LICENSES, CREDENTIALS, OR CERTIFICATES YOU HAVE (E.G. CDL LICENSES, CNA, FOOD HANDLER'S LICENSE, LSW, BLACK SEAL BOILER LICENSE, ETC.)

SIGNATURE _____	DATE _____
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