

NONTRADITIONAL EMPLOYMENT FOR WOMEN  
243 West 20<sup>th</sup> Street  
New York, New York 10011  
Phone: 212.627.6252  
Fax: 646.486.2293



## REFERRAL FORM

Date: \_\_\_\_\_

Organization / Agency Name: \_\_\_\_\_

Staff Member Referring Applicant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Ext: \_\_\_\_\_

Email Address: \_\_\_\_\_

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### Applicant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Apartment #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Applicant has **High School Diploma** or **General Equivalency Diploma**? Yes \_\_\_ No \_\_\_

Telephone Number: (H) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (C) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Is the applicant at least **18 years of age or older**? Yes \_\_\_ No \_\_\_

*Is the applicant able to participate in physical activity including but not limited to:*

Heavy Lifting (up to 50lbs.) Yes \_\_\_ No \_\_\_

Running and/or Jogging Yes \_\_\_ No \_\_\_

Weight Training Yes \_\_\_ No \_\_\_

Aerobic Exercise Yes \_\_\_ No \_\_\_

Resume Attached Yes \_\_\_ No \_\_\_

Other relevant experience (sports, military, vocational and/or technical): Yes \_\_\_ No \_\_\_  
If yes, please when and where? \_\_\_\_\_

**Please Fax or E-Mail to Samantha Pugh-Director, Workforce Development**

**T: 212-627-6252 x.231 F: 646-486-2293 E: [spugh@new-nyc.org](mailto:spugh@new-nyc.org)**