



The Magnolia Resource

Building Families One Petal at a Time

Resource Network Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Company Name: _____

Position/Title: _____

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Do you have at least 5 years experience in a profession, trade, or technical occupation in the applicable field? YES NO Have you ever been disciplined in any manner by a public entity for a violation of ethical rules? YES NO

Have you ever had a professional license suspended or revoked? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Occupation or Service Description

Please describe your business services, value proposition, or occupation.

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Tell Us More

Please tell us why supporting those in the foster care network, kinship care, or adoption is important to you.

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to acceptance into The Magnolia Resource: Digital Resource Network, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____