



**PRE-INTERVIEW OR JOB FAIR  
APPOINTMENT REQUEST FORM**

**Please PRINT and complete the following information.**

**CLIENT INFORMATION:**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Job Interview Date: \_\_\_\_\_ Employer: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

Personal pronouns (i.e. she/her, he/his, they/them, etc): \_\_\_\_\_

**REFERRAL ORGANIZATION INFORMATION:**

Referral Organization: \_\_\_\_\_ Staff Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**To Request an Appointment, send this completed form to Alyssa Rose at  
arose@bottomlessclosetnyc.org or via fax at (646) 355-0176**

**For Bottomless Closet Use:**

**Appointment Date & Time :** \_\_\_\_\_ **Code:** \_\_\_\_\_

**Resume :** \_\_\_\_\_

**Notes:**