

Application for Employment

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.



Identification	Job applied for:	Date	
	Are you seeking: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/>		When could you start?
<p><i>Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for your signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.</i></p>	Last Name	First Name	
	Middle Name	Telephone Number	
	Present Street Address		
	City	State	Zip
	E-mail Address		
	Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	(If you are hired you may be required to submit proof of age.)		

Education	School	Number of Years Completed	Diploma/Degree/Certificate	Subjects Studied
	High school or GED: (Must have one or the other to be eligible)			
	College or University:			
	Vocational or Technical:			
	What skills or additional training do you have that relate to the job for which you are applying?			

Work History

List names of employers in consecutive order with present or last employer listed first. Account for all periods of times including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

Name of employer		Supervisors	
Address		Telephone	
City	State	Zip	
Job title and description			
Dates of employment (MO/YR):		Pay: (starting and final)	
Reason for leaving:			
Name of employer		Supervisors	
Address		Telephone	
City	State	Zip	
Job title and description			
Dates of employment (MO/YR):		Pay: (starting and final)	
Reason for leaving:			
Name of employer		Supervisors	
Address		Telephone	
City	State	Zip	
Job title and description			
Dates of employment (MO/YR):		Pay: (starting and final)	
Reason for leaving:			

References	<i>Give three references, not relatives or former employers.</i>		
	Name	Address	Phone

Have you ever applied here before?	Were you ever employed here?	Are you related to anyone working at the Shelter now, or in the past? Yes <input type="checkbox"/> No <input type="checkbox"/>
If employed, do you expect to be engaged in any additional business or employment outside of our job? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, give details.		
Have you worked or attended school under any other names? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, give names:		
Are you presently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, whom do you suggest we contact?		
Have you ever been fired from a job or asked to resign? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please explain.		
List professional, trade, business or civic activities and offices held.		
<i>(Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)</i>		
For Driving Jobs Only: Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Driver's License Number: _____ Class of License: _____ State Licensed In: _____		
Have you had your license suspended or revoked in the last 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, give details:		

PLEASE READ CAREFULLY BEFORE SIGNING:

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and or post-employment drug screen as a condition of employment if required. I understand that if I am extended an offer of employment it may be conditioned upon my successful passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME, ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE. I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____