APPLICATION FOR EMPLOYMENT

Homeless Connections – an Equal Opportunity Employer

Position(s) Applied For	Date of Application
Desired Salary Range	Date Available to Start Employment
How Did You Learn About Us? ☐ Newspaper Advertisement ☐Friend/Relative ☐Agency ☐Employee ☐Other _____	

Last Name	First Name	Middle Name			
Address *Number*	*Street*	*City*	*State*	*Zip Code*	
Telephone Number(s)					
Email Address:					

Best time to contact you at home is: _____:_____AM/PM

Are you under 18 years of age? ☐Yes ☐No If yes, state age: _____

Note: If under 18 years of age, employment is subject to verification of minimum legal age by age certification or work permit.

Have you ever filed an application with us before? If Yes, give date _____ ☐Yes ☐No

Do any of your friends or relatives, other than spouse, work here? ☐Yes ☐No

If Yes, state name, relationship and location _____.

Are you currently employed? ☐Yes ☐No

May we contact your present employer? ☐Yes ☐No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐Yes ☐No

Proof of citizenship or immigration status will be required upon employment.

Are you available to work: ☐ Full Time ☐Part Time ☐Temporary

Days available to work (Circle): Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Are you currently on "lay-off" status and subject to recall? ☐Yes ☐No

Can you travel if a job requires it? ☐Yes ☐No

Have you been convicted of a felony within the last 7 years? ☐Yes ☐No

If yes, please explain (state, date, court, type of crime, place of occurrence, disposition):

_____

_____

Note: Conviction of a crime will not necessarily disqualify you for employment. Each conviction will be judged on its own merit with respect to time and job relatedness.

NOTE: Homeless Connections policy precludes persons from being employed who have been clients within the past year. Have you been a client? ☐Yes If yes, when? _____ ☐ No

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Date Started	Date of Termination	Work Performed
Address			
Telephone Number(s)	Starting Hourly Rate / Salary	Final Hourly Rate / Salary	
Starting/Present Job Title			
Supervisor	May We Contact?	☐ Yes ☐ No	
Reason for Leaving			

Employer	Date Started	Date of Termination	Work Performed
Address			
Telephone Number(s)	Starting Hourly Rate / Salary	Final Hourly Rate / Salary	
Starting/Present Job Title			
Supervisor	May We Contact?	☐ Yes ☐ No	
Reason for Leaving			

Employer	Date Started	Date of Termination	Work Performed
Address			
Telephone Number(s)	Starting Hourly Rate / Salary	Final Hourly Rate / Salary	
Starting/Present Job Title			
Supervisor	May We Contact?	☐ Yes ☐ No	
Reason for Leaving			

Comments: Include explanation of any gaps in employment:

PROFESSIONAL REFERENCES ***Do not include family members or friends.***

NAME	PHONE NUMBER	BEST TIME TO CALL	OCCUPATION
1.			
2.			
3.			

NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. ____ YES ____ NO

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an *"at will"* nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this *"at will"* employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

_____ _____

Signature of Applicant Date

APPLICATION INSERT

Name _____

Do you have a valid driver's license? ☐ Yes ☐ No _____
(If no, please explain)

If yes, are you able to provide the Declaration page of your vehicle insurance?
☐ Yes ☐ No _____

Are you able to lift up to 50lbs.? ☐ Yes ☐ No _____
(If no, please explain)

Please list any proficient computer skills you have and office equipment you operate: _____

_____

_____

List any professional organizations you belong to: _____

_____

_____

Please list any pertinent information that would be relevant to you for performing the duties of this job (physical limitations, allergies, etc.):

_____

_____

_____

To perform this position successfully, an individual must be able to perform each essential duty satisfactorily. Reasonable accommodations will be made to enable individuals with disabilities to perform the essential functions; however, the individual must be able to perform all essential job functions with such accommodations. The accommodations I would need to perform the duties of this position are:

_____

_____

_____

Signature _____ Date _____