

HIS HOUSE CHILDREN'S HOME

APPLICATION FOR EMPLOYMENT



POSITION(S) APPLIED FOR:	DATE
REFERRAL <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> EMPLOYEE REFERRAL OF: <input type="checkbox"/> WALK-IN	

We are a drug-free equal opportunity employer

NAME	EMAIL ADDRESS:
ADDRESS	CITY
	ZIP
PHONE # ()	If necessary, may we contact you at work? (Best time) <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of employment desired. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary Date available for work	
Will you travel if job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work over-time if job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible to work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been investigated for abuse or neglect? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Have you been convicted of a felony in the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:	
Conviction Date:	
(Such conviction may be relevant if job related, but does not bar you from employment.)	

REFERENCES
Please list the name and telephone number of three business/work references who are not related to you and are not previous supervisors.

NAME	TELEPHONE	E-MAIL ADDRESS

EDUCATIONAL BACKGROUND
Please list last 3 schools attended, starting with the last one.

SCHOOL	# OF YEARS	DEGREE		MAJOR	MINOR
		YES	NO		

****This MUST be COMPLETED****

EMPLOYMENT HISTORY

Please list your last 3 employers starting with the most recent. FURNISH ALL INFORMATION. Summarize the nature of the work performed and job responsibilities in the Job Summary section. Explain any gaps in employment in comments section below

EMPLOYER NAME AND ADDRESS	Phone ()	Dates		Job Summary Information
		From	To	
Job Title		Compensation		
Immediate Supervisor, Title, & Phone		\$		
May We Contact For Reference []Yes []No []Later		Per		
Reason For Leaving				

EMPLOYER NAME AND ADDRESS	Phone ()	Dates		Job Summary Information
		From	To	
Job Title		Compensation		
Immediate Supervisor, Title, & Phone		\$		
May We Contact For Reference []Yes []No []Later		Per		
Reason For Leaving				

EMPLOYER NAME AND ADDRESS	Phone ()	Dates		Job Summary Information
		From	To	
Job Title		Compensation		
Immediate Supervisor, Title, & Phone		\$		
May We Contact For Reference []Yes []No []Later		Per		
Reason For Leaving				

COMMENTS: (Including gaps in employment)
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SKILLS AND QUALIFICATIONS

List any additional skills , accomplishments, awards and qualifications acquired from employment or other experience you think relevant to this position:

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give His House Children's Home. the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations and organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no questions on this application are used for the purpose of limiting or excluding any qualified applicant's consideration for employment on a basis prohibited by local, state or federal law.

Signature of Applicant

Date

INTERVIEWED BY _____

Date

APPROVED _____
Executive Director

Date

Director of Human Resources

Date

REPORT TO WORK DATE _____

HIS HOUSE CHILDREN'S HOME

SELF-IDENTIFY FORM



Applicants and employees are treated without regard to race, color, religion, sexual orientation, gender, national origin, citizenship status (unless required by a government contract), age, marital or veteran status, physical or mental disability, or any other legally protected status during every aspect of the employment process.

As employers and government contractors, we comply with various government regulations and responsibilities. Solely to help us comply with various record keeping, reporting and other legal requirements, please complete the survey below. This information will not be used for hiring, placement, or other decisions related to the terms and conditions of employment. This document will be kept in a confidential file, separate from applicant and personnel files. When reported, data will not identify any specific individual.

YOUR COOPERATION IS VOLUNTARY

INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION

Please complete the following information (please print)

Last Name:

First Name:

Date:

Job Title:

Gender

Male Female

Ethnicity - Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central

Yes No

Race - If you are not Hispanic or Latino, please select the appropriate race category.

White (not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) - A person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) - persons who identify with more than one of the above five races.

I respectfully decline completing the information being requested above. _____ *initials*