

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Please note that in order for your application to be considered it must be completely filled out and signed. Thank you.

PERSONAL INFORMATION

TODAY'S DATE:

Name (<i>Last Name First, M.I.</i>)			
Present address	City	State	Zip code
Permanent address	City	State	Zip code
Phone no. (with area code)	Referred by:		

EMPLOYMENT

Position desired:	Full time or part-time?	Date you can start	Salary desired:
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATION HISTORY

Name and location of school	Years attended	Did you graduate?	Subjects studied
High school			
2 Year college (<i>if applicable</i>)			
4 Year college (<i>if applicable</i>)			
Graduate school (<i>if applicable</i>)			
Trade, business or correspondence school			

GENERAL INFORMATION

What is your primary language?	
Do you speak a second language? <input type="checkbox"/> Yes <input type="checkbox"/> No What language?	If YES, do you read and write in that second language? <input type="checkbox"/> Yes <input type="checkbox"/> No
Subjects of special study/research work or special training/skills:	
U.S. military service	Rank

FORMER EMPLOYERS *(List below last four employers, starting with the most current)*

Date Month and year	Name & address of current employer	Salary	Position	Reason for leaving
From		Beginning		
To		Ending		
Immediate supervisor, title, and phone #		Job summary		

Date Month and year	Name & address of employer	Salary	Position	Reason for leaving
From		Beginning		
To		Ending		
Immediate supervisor, title, and phone #		Job summary		

Date Month And year	Name & address of employer	Salary	Position	Reason for leaving
From		Beginning		
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Date Month and year	Name & address of employer	Salary	Position	Reason for leaving
From		Beginning		
To		Ending		
Immediate supervisor, title, and phone #		Job summary		

REFERENCES (Give below the names of three persons not related to you, whom you have known at least one year.)

Name	Address	Phone number	Business	Years known

ADDITIONAL INFORMATION

Are you able to perform the essential functions of the position as listed and described on the attached job description or as demonstrated by the company representative with or without a reasonable accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to submit proof of your education and certifications required by the position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you work flexible hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to meet the attendance requirement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any objection to working overtime if necessary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been involuntarily terminated or requested to resign?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own a personal vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you travel if required by this position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been previously employed by the C.H.C.F.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you related to any current employees of the C.H.C.F.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a U.S. citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you submit proof of legal employment authorization and identity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you at least 18 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are under 18, can you furnish a work permit if it is required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a crime or been a defendant in a civil action for an intentional tort?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please explain (<i>a conviction will not automatically bar employment</i>)		
Driver's license number (<i>if driving is an essential job duty</i>):		
How were you referred to us?		

AUTHORIZATION

Please read the items below carefully, initial each paragraph, and sign below:

Initial	The contents of any employee handbook or personnel manual, as well as other Employer policies and practices are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except its Chief Executive Officer in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.
Initial	I authorize any person, school, current employer (except as expressly noted), past employer(s), and organization named in this application form (and accompanying resume or other documentation, if any) to provide the Coalition for the Homeless with relevant information and opinion, personal or otherwise, that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinion to you.
Initial	In consideration of employment, I agree to obey the rules and standards of the Coalition for the Homeless. I understand that nothing contained in this application or in the interview process is intended to create a contract between the Coalition and myself for either employment or for providing of any benefits. I agree that my employment is at will and the terms of employment may be changed with or without cause, with or without notice, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties, and location of work, at any time, for any reason, at the option of myself or the Coalition. This constitutes my entire agreement with the Coalition with regard to the length of my employment.
Initial	I understand that as a condition of employment I may be required to take a post offer/pre-employment alcohol/drug test. I further understand that at any time during my employment, I may be required to take an alcohol/drug test if management reasonably suspects a condition exists that will prevent me from performing my job in a manner that does endanger my own health or the safety and health of others.
Initial	I am able to perform the essential functions of the position with or without reasonable accommodation.
Initial	I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to work in the United States, as well as favorable results on a legal background check.
Initial	I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment and will result in my dismissal from employment, if discovered at a later date.

Applicant Signature: _____

Date: _____

Interviewed by (Print Name & Title): _____	Signature & Date: _____
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REMARKS

DO NOT WRITE BELOW THIS LINE

Neatness		Character		
Personality		Ability		
Interview Date	Offer Date	Hire Date	Supervisor	Salary/Wages
Position	Social Security Number	Department	Email Address	

APPROVED:

Employment Manager Name (printed)

Signature

Date

APPROVED:

Department Head Name (printed)

Signature

Date

APPROVED:

President/CEO Name (printed)

Signature

Date