



EMPLOYMENT APPLICATION

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you 18 or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Salary Requirements \$			

EDUCATION			
High School		Address	
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
College		Degree	
From	To	Did you graduate?	YES <input type="checkbox"/>
			NO <input type="checkbox"/>
Other		Degree	
From	To	Did you graduate?	YES <input type="checkbox"/>
			NO <input type="checkbox"/>

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Email Address	# of years acquainted
Full Name	Relationship
Company	Phone ()
Address	
Email Address	# of years acquainted
Full Name	Relationship
Company	Phone ()
Address	
Email Address	# of years acquainted



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PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	



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DISCLAIMER AND SIGNATURE

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Habitat for Humanity-Spokane** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Habitat for Humanity-Spokane** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **Habitat for Humanity-Spokane**, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature

Date





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Affirmative Action Voluntary Information

Completion of information below is voluntary

We consider all applicants for positions without regard to race, color, religion sex, national origin, citizenship, age mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations that may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulation.

Please Print

Position(s) applied for _____

Referral Source

- Walk-in
- Employee
- Advertisement-Source _____
- Government Employment Agency
- Relative
- Private Employment Agency
- School

Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- White and White
- American Indian/Alaskan Native (races)
- Black or African American
- Asian/Pacific Islander
- Black or African American
- Multiracial (parents of different races)

Please check one of the following Equal Employment Opportunity Identification Groups:

- Hispanic or Latino
- Not Hispanic or Not Latino

I do not wish to provide this information