

Employment Application

NAME _____			SOCIAL SECURITY NO. _____		
LAST	FIRST	MIDDLE			
PRESENT ADDRESS _____					
NO.	STREET	CITY	STATE	ZIP	() AC PHONE NO.
PREVIOUS ADDRESS _____					
NO.	STREET	CITY	STATE	ZIP	() AC PHONE NO.
ARE YOU AT LEAST 18 YEARS OLD? _____ DO YOU HAVE A VALID DRIVER'S LICENSE? _____ # _____					
ACTIVE U.S. MILITARY DUTY <u>YES / NO</u>		TYPE OF MILITARY DISCHARGE _____		DESCRIBE ACTIVE RESERVE OBLIGATION _____	
POSITION DESIRED _____		SALARY DESIRED _____		DATE AVAILABLE _____	

EDUCATION

Type	NAME OF SCHOOL	LOCATION	MAJOR SUBJECT	# OF YRS	GRADUATE
HIGH SCHOOL					
COLLEGE					
OTHER					

SPECIALIZED TRAINING

BUSINESS OR TRADE SCHOOLS, CORRESPONDENCE COURSES, ETC. INCLUDE MILITARY SERVICE TRAINING COURSES.

NAME OF SCHOOL AND LOCATION	TYPE OF TRAINING	DIPLOMA OR CERTIFICATE

INDICATE OFFICE MACHINES OR OTHER EQUIPMENT YOU OPERATE

MISCELLANEOUS

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC OFFENSE? IF SO, WHEN, WHERE, AND NATURE OF OFFENSE?

EMPLOYMENT AND BUSINESS EXPERIENCE

LIST MOST RECENT EMPLOYMENT FIRST. INCLUDE MILITARY SERVICE AND SIGNIFICANT SUMMER WORK.

EMPLOYER	JOB TITLE AND RESPONSIBILITIES	PERIOD	REASON FOR LEAVING
COMPANY		FROM	
COMPLETE ADDRESS & PHONE #		TO	
SUPERVISOR		SALARY	
COMPANY		FROM	
COMPLETE ADDRESS & PHONE #		TO	
SUPERVISOR		SALARY	
COMPANY		FROM	
COMPLETE ADDRESS & PHONE #		TO	
SUPERVISOR		SALARY	
COMPANY		FROM	
COMPLETE ADDRESS & PHONE #		TO	
SUPERVISOR		SALARY	
REFERENCES			
NAME	OCCUPATION	COMPLETE BUSINESS ADDRESS & PHONE #	

CERTIFICATION AND ACKNOWLEDGMENT - READ CAREFULLY

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS *COMPLETE AND CORRECT* TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT FALSIFICATION OR INCOMPLETENESS OF THIS INFORMATION MAY RESULT IN MY NOT BEING CONSIDERED FOR EMPLOYMENT OR DISMISSAL IF I AM EMPLOYED. I AUTHORIZE THE REFERENCES, FORMER EMPLOYERS AND EDUCATIONAL INSTITUTIONS LISTED ON THIS APPLICATION TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGES THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AS A CONDITION OF EMPLOYMENT, I WILL BE REQUIRED TO SHOW IDENTIFICATION WHICH PROVES MY LEGAL RIGHT TO WORK IN THE UNITED STATES. IF EMPLOYED, I AGREE TO FOLLOW THE RULES, REGULATIONS AND OTHER DIRECTIVES OF INTERFAITH HOUSING SERVICES, INC (IHS). HOWEVER, I UNDERSTAND THAT MY EMPLOYMENT CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF IHS OR MYSELF. I UNDERSTAND THAT NO IHS REPRESENTATIVE OTHER THAN THE PRESIDENT HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT TO EMPLOY ME FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. ANY CONTRARY AGREEMENT BY THE PRESIDENT MUST BE IN WRITING, SIGNED AND DATED. I ACKNOWLEDGE THAT NO OTHER REPRESENTATIONS HAVE BEEN MADE TO ME AS OF THIS DATE CONCERNING EMPLOYMENT BY IHS. I HAVE CAREFULLY READ AND UNDERSTAND THE ABOVE, AND HEREBY CONSENT AND AGREE TO THESE CONDITIONS IN EXCHANGE FOR IHS'S CONSIDERATION OF MY APPLICATION FOR EMPLOYMENT.

DATE _____ SIGNATURE OF APPLICANT _____