

Friends of Housing

Application For Employment

Application needs to be fully completed
Signed and dated on the last page to be

Friends of Housing is an equal opportunity employer. It is our policy to employ the Best qualified personnel in all of our facilities and at all of our locations. This is Done without regard to age, race, creed, color, disability, sex, national origin, Ancestry or any other characteristic protected by federal or state law.

DATE OF APPLICATION: _____

Name in Full: _____		
LAST	FIRST	MIDDLE
Present Address: _____		Telephone: () _____
CITY	STATE	ZIP CODE

Social Security: _____	If employed and under 18, can you furnish a work permit? <input type="checkbox"/> Yes
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Position Applied For: _____	Date Available: _____	Salary Requirements: _____
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Are you able to work	Full-Time	Part-Time	Temporary
Are you able to work	First Shift	Second Shift	Third Shift

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status (Proof of citizenship or immigration status will be required upon employment)

Are you employed now?	May we contact your present employer?
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Have you ever been employed here before? If yes, give dates and position(s)

Name of relatives currently employed by **Friends of Housing**

Indicate language(s) **OTHER** than English you speak, read, and/or write

For positions requiring driving			
Do you have a valid operators license?	Yes	No	
Moving violations or accidents in the past 3 years?	Yes	No	
License No.:		State:	

GPA/Class Rank				
Job Related Courses				
Other Specialized training or educational qualification _____				

Certification(s), License(s) _____				

CLERICAL SKILLS & EXPERIENCE (For Clerical Positions Only)

If applying for a position which requires typing skills, what is your current typing speed? _____

Check office machine(s) you have operated:

Electrical Typewriter Personal Computer Photo Copier
 Dictation Equipment Mainframe Computer 10-Key/Calculator
 Facsimile
 Others (list): _____

Employment History (List Current or Last Employer)

1.	Employer	Dates of Employment From: _____ To: _____
	Address City/State/Zip	Job Title Work Phone ()
	Beginning Salary Ending Salary	Name of Supervisor
	Job Duties	Reason for Leaving
2.	Employer	Dates of Employment From: _____ To: _____
	Address City/State/Zip	Job Title Work Phone ()
	Beginning Salary Ending Salary	Name of Supervisor
	Job Duties	Reason for Leaving

3. Employer	Dates of Employment From: _____ To: _____
Address City/State/Zip	Job Title Work Phone ()
Beginning Salary Ending Salary	Name of Supervisor
Job Duties	Reason for Leaving

4. Employer	Dates of Employment From: _____ To: _____
Address City/State/Zip	Job Title Work Phone ()
Beginning Salary Ending Salary	Name of Supervisor
Job Duties	Reason for Leaving

UNITED STATES MILITARY INFORMATION

Dates of Service From: _____ To: _____	Branch of Service
Description of duties performed if relevant to job qualification	
Have you been involuntarily discharged or suspended from employment in the last 5 years? No Yes - Explain	
Have you been convicted of a crime, other than minor traffic violations? No Yes - Explain	
Are you currently subject to any criminal charges or investigations? No Yes - Explain	
A conviction record will not necessarily bar you from employment.	
Are you able to perform essential functions of the position you are applying for with or without any reasonable accommodations? Yes No - Explain:	

References

(Please list those familiar with your work history or educational background that unrelated you.)

Name	Address City/State/Zip	Area Code Telephone #	Relationship
1.			

2.			
3.			
4.			

Give any additional information about change of name, use of assumed name, or nickname necessary to check on your work/school record?

I certify that the answers given by me to the foregoing questions and statements are true and correct without omissions of any kind. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this application. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for issuing this information.

In consideration of my employment, I agree to conform to the rules and regulations of Friends of Housing. I understand and agree that my employment and compensation may be terminated, with or without notice, at any time, at the option of either the Company or myself. I understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by Friends of Housing. I also understand and agree that as a condition of employment I may be required to undergo periodic drug screens, and must be able to perform the essential functions of any position I hold. I understand any offer of employment may be contingent upon satisfactory references. Applicants being considered for hire are subject to pre-employment drug testing and criminal record checks.

Date _____ Signature _____

(DO NOT WRITE BELOW THIS LINE)

POST EMPLOYMENT INFORMATION

Department		Start Date	Position Being Filled						Employee Number	
Regular	Temporary	Special Project	On Call	Full Time	Part Time	Exempt	Non Exempt	Labor Grade	Hourly Rate	