

Application for Employment

Cheboygan County Habitat for Humanity, Inc.

An Equal Opportunity Employer

Last Name		First Name		Middle Initial		Social Security Number	
Street Address				City		State	Zip
If hired, can you provide evidence of legal eligibility to work in the U.S.? // YES // NO				Land Line			
Position Desired:		Wage/Salary Desired:		Cell Phone			
				Circle Hours Requested		Full Time	Part Time
Have you even been convicted of a felony, a misdemeanor for which the record has not been sealed or expunged, or do you have a such case pending? // YES // NO				If Yes, explain when, where and current situation, i.e. probation			
Date of last Physical Exam:		Doctor:		Are you medically able and willing to lift _____ lbs?			
				// YES // NO			
Education							
Name of High School		City and State			Graduate?	GED?	
Name of College or Tech School		City and State			Graduate?	Degree?	Major
Are you presently enrolled in school?		If Yes, name and address of school, expected degree, and expected graduation date?					
List any job related skills or accomplishments, including military service, and any certificates or licenses you currently hold:							
Your Availability For Work							
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Number of hours available each week:				Do you have any special requests or needs for a schedule?			
References, not including former employers, who we may contact							
Name and Occupation		How do you know them and for how long?			Phone number		
1							
2							
3							

Applicant Name:		Date:	
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Your Employment History

List names of employers with present or last employer listed first.
 Please note if we may not contact your present employer until after you are offered a position.

Name of Employer:	Job Title and Duties:
Address:	Dates of Employment:
City, State, Zip:	Hourly or Salary Pay (Starting and Ending):
Supervisor Name and Phone Number:	Reason for Leaving:

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City, State, Zip:	Hourly or Salary Pay (Starting and Ending):
Supervisor Name and Phone Number:	Reason for Leaving:

PLEASE LIST EMERGENCY CONTACT PERSON:	Phone #1:	
NAME:	Phone #2:	

Please describe any prior affiliation with Habitat for Humanity in any capacity:

Applicant Name: _____

Date: _____

CAREFULLY READ EACH STATEMENT BEFORE SIGNING THE BOTTOM!

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge. I understand my employment may be subject to verification that I am not listed in any sex offender registry, and I authorize Cheboygan County Habitat for Humanity, Inc. to conduct such an investigation. I further understand that as a condition of employment, I am subject to a criminal background check and a credit check, and I agree to allow Cheboygan County Habitat for Humanity, Inc. to complete those investigations. I understand any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date. I understand that, depending upon position, I am required to be medically/physically able to lift _____ pounds as a condition of employment and that I may be required to prove that I am medically fit to perform such work through an employer paid medical exam. I will make myself available and submit to a medical exam at any time if required as a condition of employment.

I understand and acknowledge that unless otherwise defined by applicable law or written agreement with Cheboygan County Habitat Humanity, Inc., **any employment relationship with Cheboygan County Habitat for Humanity, Inc. is considered "EMPLOYMENT AT WILL"**. This means the employee may resign at any time and the employer may discharge the employee at any time, with or without cause, and with or without advance notice.

I authorize the investigation of any person, school, current employer, past employers and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such person and organizations from any legal liability in making such statements. Any offer of employment is conditional upon completing an I-9 form and providing documentation of citizenship.

I have read, understand and agree to the above statements.

Signature: _____ Date: _____

To be completed by Office:

Interview Date #1:			Interviewed by:			
Interview Date #2:			Interviewed by:			
Hired:	Yes	No	Start Date:			
Sex Offender Registry Check Required:	ALWAYS					
Passed Inspection:	Yes	No	Date of Check:		By:	
Criminal Background Check Required:	Yes	No	Waived (ED Sign. Required):			
Passed Inspection:	Yes	No	Date of Check:		By:	
Credit Background Check Required:	Yes	No	Waived (ED Sign. Required):			
Passed Inspection:	Yes	No	Date of Check:		By:	