

# HABITAT FOR HUMANITY OF TULARE/KINGS COUNTIES EMPLOYMENT APPLICATION

PERSONAL INFORMATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
First
Middle
Last

PRESENT ADDRESS: \_\_\_\_\_  
Street
City, State
Zip

FORMER ADDRESS: \_\_\_\_\_  
Street
City, State
Zip

PHONE: \_\_\_\_\_ Email: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

Are you a legal U.S. resident? Yes  No  Are you over 18 years of age? Yes  No

Date you are available to start employment with Habitat: \_\_\_\_\_

Position desired: \_\_\_\_\_ Annual compensation desired: \_\_\_\_\_

Referred by: \_\_\_\_\_

Is there anything which would limit your ability to perform the job (with a reasonable accommodation)?  
 No  Yes  If yes, please explain: \_\_\_\_\_

Education	Name / Location of School	# Years Attended	Did you Graduate ?	Subjects Studied
High School				
College				
Trade, Business or other school				

Special Skills/Training/Experience: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HABITAT FOR HUMANITY OF TULARE/KINGS COUNTIES Employment Application - PAGE 2**

Former Employers (List your last three employers below, starting with most recent.)

Dates	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do not contact: \_\_\_\_\_ Reason: \_\_\_\_\_

REFERENCES: Provide the names of three persons not related to you, whom you have known at least one year.

Name	Address/email/phone number	Connection/Relationship	Years Acquainted
1.			
2.			
3.			

In Case of Emergency Notify \_\_\_\_\_  
 Name / Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to Habitat's policies, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or Habitat's option. I also 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 Habitat. I understand that no Habitat representative, other than the Executive Director, and then only when in writing and signed by the Executive Director, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. (All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation or identification or national origin.)

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

Hired: Yes:  No:  Position: \_\_\_\_\_ Exempt position:  Yes  No

Compensation: \_\_\_\_\_ Date Reporting to Work: \_\_\_\_\_