



Application for Employment

Position(s) applying for: _____ Date: _____

Applicant name: _____
First
Last
Middle

Telephone number: _____ Best time to call: _____
Please provide a number where we can reach you during the day. If this is not possible, please indicate the best time to call

Are you 18 years of age or older? Yes No

Are you legally eligible for employment in this country? Yes No

(Proof of U.S. Citizenship or immigration status will be required upon employment)

Employment History – Please provide information on your last three to four employers

Duration (MM/DD/YYYY)	Name and Contact number of employer	Position(s) held	May we contact employer for reference?	Reason for leaving?
From: _____ To: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
From: _____ To: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
From: _____ To: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
From: _____ To: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments *(including explanation of any gaps in employment)*:

Skills and Qualifications:

Summarize any special training, skills, licenses, certificates, and/or characteristics of yourself that may qualify you as being able to perform job-related functions for this position. Please also indicate if you are fluent (Reading, writing, and speaking) in a language other than English

Educational Background

Please list the last educational level completed. You may use other lines to reflect partial attendance (such as 1 year of college or trade school)

Type of School	Degree/Diploma/Certificate	GPA or Class Rank	Concentration/Focus

Additional Experience:

Please list any additional experience you feel is relevant and would like to share that was not listed previously. This may include volunteer experience, participation in service groups or clubs, participation in activist groups, etc.

References

List the name and telephone number of three individuals (not related to you) whom you have known at least one year. Listing a reference below confers consent for the hiring supervisor to call for references.

Name	Telephone/Email Address	Business	Years Known

Authorization:

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws. I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation.

The employer is an Equal Opportunity Employer*. The employer does not discriminate in employment and not question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

Signature of Applicant: _____

Date: _____

**HAVEN is an Equal Employment Opportunity employer and it is the policy of Haven to be in compliance with all state and federal regulations relative to discrimination in employment. This agency follows the practice of promoting Equal Employment Opportunity. Haven does not discriminate on the basis of ancestry, age, color, disability (physical and mental, including HIV and AIDS), genetic information, gender, gender identity, gender expression, marital status, military or veteran status, national origin, race, religion (includes religious dress and grooming, sex (includes pregnancy, childbirth, breastfeeding and/or related medical conditions), sexual orientation, or request for FMLA. This policy also applies to volunteers and governs service delivery to clients.*