



EMPLOYMENT APPLICATION



Position Desires:			Date:
<input type="checkbox"/> Part time	<input type="checkbox"/> Full time		

Name (Print)	Last	First	Middle
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Present Address	Street and Number	City	State	Zip Code	Length of time there?	Years	Months
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Previous Address	Street and Number	City	State	Zip Code	Length of time there?	Years	Months
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Email Address	Telephone No.	Daytime/Cellular Telephone No.	Social Security No.
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Have you ever worked for Habitat for Humanity before? Yes No
 If yes, please give dates and position:

NOTE: Answering *Yes* to the following two questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infractions, and convictions for which the record has been sealed or expunged.)

Have you ever pled quality or no contest to, or been convicted of, a misdemeanor or felony? Yes No
 If yes, please give the dates(s) and details:

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial? Yes No
 If yes, please give the dates(s) and details:

Record of Previous Employment

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for **all** periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.
 [Add additional page if necessary]

Present or Last Employer	Employed From (mo./yr.)	Start Pay:	Your Title or Position	Exact Reason for Leaving
Address		\$		
City, State, ZIP Code				
Telephone	To (mo./yr.)	Final Pay:	Name and Title of Last Supervisor	
		\$		
Last Employer	Employed From (mo./yr.)	Start Pay:	Your Title or Position	Exact Reason for Leaving
Address		\$		
City, State, ZIP Code				
Telephone	To (mo./yr.)	Final Pay:	Name and Title of Last Supervisor	
		\$		
Last Employer	Employed From (mo./yr.)	Start Pay:	Your Title or Position	Exact Reason for Leaving
Address		\$		
City, State, ZIP Code				
Telephone	To (mo./yr.)	Final Pay:	Name and Title of Last Supervisor	
		\$		



EMPLOYMENT APPLICATION

EQUAL
OPPORTUNITY
EMPLLOYER

Last Employer	Employed From (mo./yr.)	Start Pay: \$	Your Title or Position	Exact Reason for Leaving
Address				
City, State, ZIP Code				
Telephone	To (mo./yr.)	Final Pay: \$	Name and Title of Last Supervisor	

Have you ever been terminated or asked to resign from any job? Yes No If yes, please explain circumstances:

Please explain fully any gaps in your employment history:

May we contact your current employer? Yes No If No, please explain:

Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying:

Have you ever used another name another name? Yes No Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain:

If hired, can you furnish proof that you are over 18 years of age? Yes No

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? Yes No

Do you have adequate transportation to and from work? Yes No

How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?

Year	Number of days	Year	Number of days	Year	Number of days

Education

School Name	Years Completed (Select all that apply)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
Elementary:	4 5 6 7 8			
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Trade or Correspondence:				
Other:				

Personal References

Please list persons who know you well – not previous employers or relatives.

Name	Occupation	Address (street, City and State)	Telephone Number	Numbers of Years Known

It is the established policy of Habitat for Humanity of Lee & Hendry Counties, Inc., to provide equal employment opportunities to all qualified persons and to administer all aspects and conditions of employment without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical or mental disability, medical condition, military or veteran status, genetic information, marital status, ethnicity, alienage or any other protected classification, in accordance with applicable federal, state, and local laws. Habitat for Humanity of Lee & Hendry Counties, Inc., takes allegations of discrimination, harassment and retaliation very seriously and will promptly conduct an investigation when warranted.

This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Date: _____ Signature of Applicant: _____

Affirmative Action Voluntary Information

Habitat for Humanity of Lee and Hendry Counties, Inc., is an EEO/Affirmative Action Employer

Completion of this form is voluntary

Applicants are considered for all positions without regard to race, color, sex, national origin, veteran status, or disability status. As an Affirmative Action/Equal Opportunity employer, Habitat for Humanity complies with government regulations and affirmative action responsibilities.

Please complete the Applicant Self-Identification Form to assist us with government record keeping, reporting, and other legal requirements. The data is for analysis and affirmative action purposes. Submission of information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

APPLICANT INFORMATION

Name

_____ Last

_____ First

_____ Middle

Address

_____ Street

_____ City

_____ State

_____ ZIP

Male

Female

Do Not Wish to Identify

VETERAN CATEGORIES

Disabled Veteran

Recently Separated Veteran

Armed Forces Services Medal Veteran

Other Protected Veteran

N/A / Do Not Wish to Identify

DISABILITY CATEGORIES

Individual with Disabilities

N/A / Do Not Wish to Identify

Indicating if you are requesting an accommodation. Describe: _____

RACE/ETHNICITY CATEGORIES

Hispanic or Latino

White (not Hispanic or Latino)

Black or African American (not Hispanic or Latino)

Native Hawaii or Other Pacific Islander (not Hispanic or Latino)

Asian(not Hispanic or Latino)

American Indian or Alaska Native (not Hispanic or Latino)

Two or more races (not Hispanic or Latino)

Do not wish to identify

Do Not Wish to Identify

DEFINITIONS

VETERAN CATEGORIES:

A "disabled veteran" includes any veteran of the U.S. military, ground, naval or air service who: (a) is entitled to compensation, or who but for the receipt of military retired pay would be entitled to compensation under laws administered by the Secretary of Veteran Affairs, or (b) was discharged or released from active duty because of service-connected disability.

"Other Protected Veteran" includes any veteran who served on active duty in the U.S. military, ground, naval or air service in a war, campaign or expedition in which a campaign badge has been authorized under the laws administered by the Department of Defense.

"Recently Separated Veteran" includes any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

"Armed Forces Service Medal Veteran" includes any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United State military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

DISABILITY CATEGORY:

An "individual with disabilities" is defined to be a person who: (1) has a physical or mental impairment which substantially limits one or more of his or her major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment. For purposes of this definition, an individual with disabilities is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of a disability.

RACE/ETHNICITY CATEGORIES:

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race.

White (not Hispanic or Latino) - Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East, or North America.

Black or African American (not Hispanic or Latino) – a person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) – a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (not Hispanic or Latino) – a person have origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaskan Native (not Hispanic or Latino) – a person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races (not Hispanic or Latino) – all persons who identify with more than one of the above five races.