

APPLICATION FOR EMPLOYMENT

Partners in Housing

In order that your application may be properly evaluated, it is essential that all of the following questions be answered carefully and completely. Please attach a resume to supplement this application.

PLEASE PRINT

Name _____ Date _____
Last First Middle Initial

Address _____
Street City State Zip Code

Telephone Number _____

Position Desired _____

circle one: FULL TIME PART TIME EITHER

When can you start? _____ How were you referred to Partners in Housing? _____

EDUCATIONAL BACKGROUND

Type of School	Name and Location	Years Completed	Major	GPA	Degree(s) Obtained
High or Preparatory					
College					
Graduate School					
Other					

List any additional special skills, technical or professional knowledge which you may have:

EMPLOYMENT EXPERIENCE: List all of your current and previous positions (paid and unpaid) in chronological order starting with most recent. Please complete this section and attach additional sheets as needed even if you submit a resume.

1. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Reason for leaving _____

2. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Reason for leaving _____

3. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Reason for leaving _____

4. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Reason for leaving _____

5. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Reason for leaving _____

6. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Reason for leaving _____

7. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Reason for leaving _____

Of the jobs you have held, which did you like the most, and why? _____

Of the jobs you have held, which did you like least, and why? _____

May we contact your present employer? YES NO

WE ARE REQUIRED DO A CRIMINAL BACKGROUND CHECK ON ALL EMPLOYEES

Has anyone ever brought or threatened to bring a civil or criminal claim against you alleging physical or sexual abuse or sexual harassment by you? YES NO

If yes, give a short explanation of the complaint. Please indicate the date, nature, and place of the incident leading to the complaint, where the complaint was filed, and the disposition of the complaint.

Has any employer ever disciplined you or terminated your employment or have you ever terminated your own employment for reasons related to physical or sexual abuse by you, sexual harassment by you, your unsafe driving, or your theft? YES NO

If yes, give a short explanation of the allegations. Please indicate the date, nature, and place of the allegations, the disposition of the allegations, and your employer at the time, including your employer's name, address and telephone number.

Have you ever received any medical treatment, physical or psychological, for reasons involving physical abuse or sexual abuse by you? YES NO

If yes, give a short explanation of the treatment, including date(s), nature and location(s), identifying the treating physician with name, address and telephone number.

Do you or a member of your immediate family or household or a relative have an active child welfare case or pending referral? YES NO

Please list 3 references

1. Name _____	Telephone _____
Address _____	Relationship _____
2. Name _____	Telephone _____
Address _____	Relationship _____
3. Name _____	Telephone _____
Address _____	Relationship _____

In order for your application to be considered, you must sign the Applicant's Declaration, Authorization and Release below.

APPLICANT'S DECLARATION, AUTHORIZATION, AND RELEASE

My answers on this application and on any resume I provide are complete and true. I understand that the submission of any false or incomplete information in connection with my application, whether on this or other documents or in interviews, will be cause for the rejection of my application or the termination of my employment at any time. I authorize Partners in Housing and its agents to verify any information related to my application or resume. I also authorize all individuals, schools, employers, and law enforcement officials to freely release any information concerning my background, and I hereby release any and all of them from any liability for doing so.

Print Name

Signature

Date

