

Macomb County Habitat for Humanity

Application for Employment

We are an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

PERSONAL INFORMATION

		Social Security	
Name	Date _____	Number	_____
Last _____	First _____	Middle	_____
Present Address _____			
	Street	City	State ZIP
Permanent Address _____			
	Street	City	State ZIP
Day phone _____	Evening phone _____		
Referred			
By _____	Are you 18 years of age or older <input type="checkbox"/> yes <input type="checkbox"/> no		

EMPLOYMENT DESIRED

Position _____	Date You Can Start _____	Salary Desired _____
Are You Employed Now? <input type="checkbox"/> yes <input type="checkbox"/> no	If So May We Inquire of Your Present Employer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever Applied to this Organization Before? <input type="checkbox"/> yes <input type="checkbox"/> no	Where? _____	When? _____

EDUCATION

	Name and Location of school	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Grammar School	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL

Subjects of Special Study or Research Work _____

Job Related Skills (typing, driver's license, etc.) _____

Activities Other Than Religious (Civic, Athletic, etc.) _____

Exclude organizations, where the name or character indicates the race, sex, color, or national origin of its members.

EMPLOYMENT HISTORY

Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)		Start Date	End Date
Address			
City, State, ZIP		Starting Salary	Ending Salary
Phone Number			
Fax Number	Supervisor(s)		
Job position(s)	E-mail address of supervisor (if available)		
Reason(s) for leaving			
Essential job functions of position			

Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)		Start Date	End Date
Address			
City, State, ZIP		Starting Salary	Ending Salary
Phone Number			
Fax Number	Supervisor(s)		
Job position(s)	E-mail address of supervisor (if available)		
Reason(s) for leaving			
Essential job functions of position			

Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)		Start Date	End Date
Address			
City, State, ZIP		Starting Salary	Ending Salary
Phone Number			
Fax Number	Supervisor(s)		
Job position(s)	E-mail address of supervisor (if available)		
Reason(s) for leaving			
Essential job functions of position			

ADDITIONAL INFORMATION

List any professional, trade business or civic activities and offices held	_____		

List any languages other than English that you can speak, read or write that could be of benefit to the position applied for:			
	Fluent	Good	Fair
Speak			
Read			
Write			
Identify formal job training that relates to this position:	_____		

Identify what skills or certification you possess related to this position:	_____		

Please indicate what days and times are you available for work?

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
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ADDITIONAL INFORMATION

Have you ever been employed with this organization before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when		
Do you have any friends or relatives employed by this organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide their names and relationship to you		
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are under 18 years of age, can you provide proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U. S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If hired, are there any accommodations the organization would need to provide so that you can perform all those essential functions and duties of the position be applied for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		
If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence (DUI)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
If hired, do you have a reliable means of transportation to and from work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If hired, would you be able to travel or work overtime as needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony or misdemeanor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		

A criminal record does not constitute an automatic bar to employment and will be considered only as it substantially relates to the job in question.

REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last five years.

Name		Occupation
Organization name	Address	
Telephone	E-mail	Relationship and years Acquainted
Name		Occupation
Organization name	Address	
Telephone	E-mail	Relationship and years Acquainted

Name		Occupation
Organization name	Address	
Telephone	E-mail	Relationship and years Acquainted

ADDITIONAL SPACE

Additional space provided to expand on any points or questions asked previously in this application.

I certify that the facts given by me in this application are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact on this application is sufficient cause for refusal to hire, or dismissal if I am employed, no matter when discovered.

I understand that any employment is conditioned on a background check and credit check. I authorize Macomb Habitat to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to Macomb County Habitat for Humanity without giving me prior notice of such disclosure. In addition, I release the company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the organization. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the organization unless made in writing.

If I am offered employment I agree to submit to a drug test before starting work. If employed, I also agree to submit to a drug test at any time deemed appropriate by the organization and as permitted by law. I consent to such tests and request that the examining doctor disclose to the organization the results of the test, which results shall remain confidential and segregated from my personnel file. I understand that my employment of continued employment, to the extent permitted by law, is contingent upon satisfactory drug test and if I am hired a condition of my employment will be that abide by the organization's drug and alcohol policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the organization to hire. If hired, I agree to abide by all organization work rules, policies and procedures. The organization retains the right to revise its policies or procedures in whole or in part, at any time.

Signature

Date

Parent/Guardian Signature if Applicant Under Age 18

Date

Macomb County Habitat for Humanity

Applicant's Statement

Please read carefully before signing.

I hereby consent as a condition of employment to a physical examination and/or medical tests, including tests for drug use at the discretion of the organization which will be exercised in accord with applicable law. I understand that an adverse result may preclude employment or be the basis for termination of employment.

I hereby authorize investigation of all statements contained in this application. I affirm said information is true and complete to the best of my knowledge and I understand that any misrepresentation, falsification, or willful omission herein shall be sufficient reason for dismissal from, or refusal of employment.

If employed, I agree to comply with the policies, rules, regulations and procedures of the organization. I understand and agree that my employment relationship with the organization is "at will" and that I may resign at any time and the organization may discharge me at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed unless such change is specifically acknowledged in writing by an authorized executive. The "at will" employment relationship may not be modified by any oral or implied agreement.

I authorize all prior employers, schools, credit bureaus, Social Security Administration, law enforcement agencies and investigative agencies to provide any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, concerning my qualifications for the position for which I applied. I release all persons or entities from liability for any damage that may result from furnishing such information. Such authorization continues throughout the application process and employment period, if applicable.

I understand that this document represents a summary of my employment application and does not include the full text of that application.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian if Applicant Under Age 18: _____ Date: _____

Employment Authorization For Drug Screen Credit and Criminal Record

I hereby consent as a condition of employment to a drug screen test. I understand that an adverse result may result in loss of employment or be the basis for termination of employment.

I hereby consent as a condition of employment to a Credit Check and Criminal Record check. I understand that an adverse result may result in loss of employment or be the basis for termination of employment.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian if Applicant Under Age 18: _____ Date: _____

Note: Drug screening is random. Failure to pass can lead to termination of employment. Background checks are also randomly conducted. Failure to pass can lead to termination of employment even if we do not get results back until after you have been employed.