

In order to permit a check of your work and education records, should we be made aware of any changes of name or assumed name that you have previously used? _____

Previous jobs held. Please start with you present or last job. Include military experience. Explain any gaps in employment in the selection below. You may add additional sheets if necessary. Please do not write see resume.

Employer Name / Address	<table border="1"> <tr><th colspan="2">Dates employed</th></tr> <tr><td>From</td><td>To</td></tr> <tr><td> </td><td> </td></tr> </table>		Dates employed		From	To			Summarize the nature of the work performed and your job responsibilities.
Dates employed									
From	To								
Immediate Supervisor and Title	<table border="1"> <tr><th>Beginning Salary</th><th>Ending Salary</th></tr> <tr><td> </td><td> </td></tr> </table>		Beginning Salary	Ending Salary					
Beginning Salary	Ending Salary								
Reason for leaving									
May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later									
Employer Name / Address	<table border="1"> <tr><th colspan="2">Dates employed</th></tr> <tr><td>From</td><td>To</td></tr> <tr><td> </td><td> </td></tr> </table>		Dates employed		From	To			Summarize the nature of the work performed and your job responsibilities.
Dates employed									
From	To								
Immediate Supervisor and Title	<table border="1"> <tr><th>Beginning Salary</th><th>Ending Salary</th></tr> <tr><td> </td><td> </td></tr> </table>		Beginning Salary	Ending Salary					
Beginning Salary	Ending Salary								
Reason for leaving									
May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later									
Employer Name / Address	<table border="1"> <tr><th colspan="2">Dates employed</th></tr> <tr><td>From</td><td>To</td></tr> <tr><td> </td><td> </td></tr> </table>		Dates employed		From	To			Summarize the nature of the work performed and your job responsibilities.
Dates employed									
From	To								
Immediate Supervisor and Title	<table border="1"> <tr><th>Beginning Salary</th><th>Ending Salary</th></tr> <tr><td> </td><td> </td></tr> </table>		Beginning Salary	Ending Salary					
Beginning Salary	Ending Salary								
Reason for leaving									
May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later									
Employer Name / Address	<table border="1"> <tr><th colspan="2">Dates employed</th></tr> <tr><td>From</td><td>To</td></tr> <tr><td> </td><td> </td></tr> </table>		Dates employed		From	To			Summarize the nature of the work performed and your job responsibilities.
Dates employed									
From	To								
Immediate Supervisor and Title	<table border="1"> <tr><th>Beginning Salary</th><th>Ending Salary</th></tr> <tr><td> </td><td> </td></tr> </table>		Beginning Salary	Ending Salary					
Beginning Salary	Ending Salary								
Reason for leaving									
May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later									

Comments (including explanation of any gaps in employment) _____

Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experiences that qualify you to work with our company.

Honors, special accomplishments, publications, awards: Exclude information which would reveal sex, race, religion, national origin, age, color, disability, or other protected status.

Equal Opportunity Employer

All potential employees are evaluated without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

Have you ever been dismissed or forced to resign from any employment? Yes No If yes, please explain.

Driver's License Number _____ Expiration Date _____ State _____

Can you travel if the job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No

How many days off did you have last year? _____

Will you work overtime if asked? Yes No

Are there any hours, shifts or days you will not work? Yes No If yes, please explain:

List any foreign language(s) you know and check the boxes that describe your skill level

Language	Speak Some	Speak Fluently	Read	Write

Do you have any friends or relatives who work here? Yes No

Name: _____ Relationship _____

Name: _____ Relationship _____

CHARACTER REFERENCES

List three persons not related to you, whom you have known at least one year.

	Name	Address or Phone Number	Occupation
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

List below any other information or remarks that you wish to have considered as part of your application for employment.

Have you filed an application here before? Yes No If yes, provide date _____

Have you been employed here before? Yes No If yes, give date and position _____

Why do you want to work at Habitat for Humanity? _____

Equal Opportunity Employer

All potential employees are evaluated without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

Please make sure all sections of this application are completed, for if employed, it becomes part of the personnel records.

APPLICANTS STATEMENT

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from Habitat for Humanity of Martin County, Inc. if I have been employed.

I authorize Habitat for Humanity of Martin County, Inc. the right to investigate all references, and to secure additional information about me, if job related. I hereby release from liability Habitat for Humanity of Martin County, Inc. and its representative for seeking such information and all other persons, corporations, or organization for furnishing such information.

In making this application for employment, I understand that Habitat for Humanity of Martin County, Inc. may investigate my driving record, criminal record, workers compensation and that an investigative consumer report may be made, whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, financial responsibility, and mode of living. I understand that I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigative report.

I understand that Habitat for Humanity of Martin County, Inc. is a Drug Free Work Place.

I understand that this employment application and any other Habitat for Humanity of Martin County, Inc. documents are not promises of employment. I further understand that, if I am employed, I can terminate my employment with or without cause at any time, and that Habitat for Humanity of Martin County, Inc. has a similar right. I understand that no manager or representative of Habitat for Humanity of Martin County, Inc. has any authority to enter into any agreement for employment for any specified period of time.

Date: _____

Signature of Applicant: _____

Equal Opportunity Employer

All potential employees are evaluated without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.