Habitat for Humanity of Laredo, Inc. Application for Employment

We consider applicants for all positions regardless of race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

	PLEASE PRINT			
	How did you hear about us? Advertisement Friend Inquiry Employment Agency Relative Other			
	Name: Last, First Middle			
P E R	Street Address:	p 2011 W 142		
S	City, State, Zip Code:			
0	Phone: HomeCellular			
N A	Social Security Number:			
L	Position Desired:			
	Have you ever been convicted of a misdemeanor or felony: Yes No _ If so, complete the following: (Do not include minor traffic violations)			
	Date: Offense Place Disposition:			
Best time	to contact you is:AM;PM			
If you are	under 18 years of age, can you provide required proof of eligibility to work?	Yes	No	
Have you	ever filed an application with us before? If yes, provide date	Yes	No	
Have you	ever been employed with us before? If yes, provide date	Yes	No	
	your friends or relatives, other than spouse, work here? te name, relationship and position.	Yes	No	
Are you c	urrently employed?	Yes	No	
May we contact your present employer?			No	
Are you prevented from lawful becoming employed in the U.S.A. because of Visa or immigration status?YesYes			No	
Date avail	lable for work?			
Are you a	vailable to work:Full timePart TimeTemporary			
Are you currently on "lay-off" status and subject to recall?YesNegativeYesNegativeYesNegativeYesNegativeYesNegativeYesNegativeYesNegativeYesNegativeYesNegativeYesNegativeYesNegativeYesNegativeYesNegativeYesNegativeYesNegativeYesNegativeYesNegativeYesNegativeYesNegativeYes				
Can you t	ravel if the job requires it?	Yes	No	

Employment History

Company	Phone				
Address	Supervisor				
Job Title	Starting Salary \$	Ending Salary \$			
From:To	o: Reason for Leaving				
May we contact your p	revious supervisor for a reference? Yes	No			
Company	Phone				
Address	Supervisor				
Job Title	Starting Salary \$	Ending Salary \$			
From:To	o: Reason for Leaving				
May we contact your p	revious supervisor for a reference? Yes	_ No			
Company	Phone				
Address	Supervisor				
Job Title	Starting Salary \$	Ending Salary \$			
From:To	o: Reason for Leaving				
May we contact your p	revious supervisor for a reference? Yes	No			
Military Service		-			
Branch	From:	To:			
Rank at Discharge Type of Discharge					
If other than honorable, explain.					

<u>Education</u>					
High School		From:	To:		
Did you graduate? Yes	No	Degree			
College	9	From:	То:		
Did you graduate? Yes	No	Degree			
Graduate/Professional			From:	To:	
Did you graduate? Yes	No	Degree			
Other		From:1	·o:		
Did you graduate? Yes	No	Degree	12 X		
Volunteer Experience (schoo					
2.					
3					
4			-		
Statement: What makes you	a good candidat	te for a position at Ha	abitat for Hu	ımanity of La	redo?

	Name	Phone Number	Occupation
1	al		
2			
3			
	APP	LICANTS STATEMENT	
employment as mashall be considered employment bey accepted at that applicable law, as means that this Etime with or with be changed by an writing by an autifalse or misleading understand, also, and/or its agent to report and information capacity, personal sources such as a report, such as a report, such as a report, such as a report and information on my chemployment with the sum of the sum o	any be necessary in arriving a sed active for a period of time ond this time period should time. I hereby understand my employment relationship imployee may resign at any nout cause. It is further underly written document or by control of this or any information given in my and information given in my and information given in my and information as to my credit worth all characteristics and mode neighbors, friends, associated will and criminal records, lies a transcrete. I also consent to the Habitat for Humanity of Landar report for pre-employing on the report, the person in	te. I authorize investigation of all set an employment decision. This he not to exceed 45 days. Any addinquire as to whether or not a and acknowledge that, unless of possible with this organization is of any time and the employer may disterstood that this "at will" employer conduct unless such change is segmization. In the event of employer and regulations of the examplication or interview(s) may all rules and regulations of the example of living. This report may involves, and past employers. Public runs, judgments, bankruptcy, that his check being performed at an aredo, Inc. ment screening, before taking a performed to take such adverse act y of the report and a description	s application for employment applicant to be considered for pplications are being otherwise defined by "at will" nature, which scharge an employee at any oyment relationship may not pecifically acknowledge in ployment, I understand that result in discharge. I employer. for Humanity of Laredo, Inc. ited, to obtaining a consumer er, general reputation, credit we personal interviews with records may be used in this tare deemed to having a sy time during my
including the righ	nt to request disclosure of the	he nature, sources and recipien ty of Laredo, Inc. Federal Trade	ts of any reports or
Signati	ure of Applicant		Date
Print Name:			
Social Security Nur	nber:		
Current Address: _		Dat	es

Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

How do I know if I have a disability?

Rlindness

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:

Deafness	
Cancer	
Diabetes	
Epilepsy	
Autism	
Cerebral palsy	
HIV/AIDS	
Schizophrenia	
Muscular dystrophy	
Bipolar disorder	
Major depression	
Multiple sclerosis (MS)	
Missing limbs or partially missing limbs	
Post-traumatic stress disorder (PTSD)	
Obsessive compulsive disorder	
Impairments requiring the use of a wheelcha	
Intellectual disability (previously called ment	al retardation)
Please check one of the boxes below:	
☐YES, I HAVE A DISABILITY (or previously had	d a disability)
TES, THAVE A DISABILITY (of previously had	a disability)
□NO, I DON'T HAVE A DISABILITY	
LINO, I DON'T HAVE A DISABILITY	
☐ I DON'T WISH TO ANSWER	
LI PONT WONT TO MIGWEN	
Signature Date	

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment: