



Employment Application

Habitat for Humanity of Oakland County (HFHOC) is an equal opportunity employer and does not discriminate against otherwise qualified individuals on the basis of age, gender, race, religion, color, national origin, handicap/disability, marital status, height, weight or any other legally protected status.

Please complete the entire application. Read and sign the Authorization and Understanding at the end of the application. If you are hired by Habitat for Humanity of Oakland County, the Authorization and Understanding will constitute an agreement between you and Habitat for Humanity of Oakland County.

PLEASE PRINT

Date _____ Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number Home: _____ Cell: _____

Email address: _____

Please state any other names you have used in school or at any previous job.

Are you legally authorized to work in the United States? Yes No

Position applied for _____ Full Time Part Time

If part time, specify days and hours _____

Starting salary expected _____

How were you referred to HFHOC? _____

Have you ever applied here before, or been employed here before Yes No

If yes, specify _____

Are any of your friends or relatives employed at HFHOC? Yes No

If yes, specify _____

Are you 18 years old or older? Yes No

If no, do you have proof of eligibility to work? Yes No

Have you ever been bonded? Yes No

If yes, on what jobs? _____

Have you ever been convicted of a crime, excluding routine traffic offenses? Yes No

If yes, describe in detail _____

Are there any felony charges pending against you currently? Yes No

If yes, please describe _____

Education

Name and Address	Did you graduate?	Course of Study or degree conferred
High School _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____ _____ _____
College _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____ _____ _____
Other _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____ _____ _____

Are you attending school now, or do you plan on furthering your education? Yes No

If yes, please specify course and time commitment _____

Do you hold any professional licenses or certifications? Yes No

If yes, please list and describe _____

Have you ever had a professional license/certification revoked or suspended? Yes No

If yes, please list and describe _____

Are you currently under investigation by any agency or department concerning any licensure or certification matter? Yes No

If yes, please describe _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

Employment History

Start with the most recent; include your entire employment history and military service; attach additional pages, if necessary.

Company name, address _____
Employed from ____ to ____ Supervisor _____
Position and duties _____
Telephone _____ Salary _____
Reason for leaving _____

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Employed from ____ to ____ Supervisor _____
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Employed from ____ to ____ Supervisor _____
Position and duties _____
Telephone _____ Salary _____
Reason for leaving _____

What experiences, skills, or qualifications do you have that you believe especially would qualify you for employment with Habitat for Humanity of Oakland County?
NOTE TO APPLICANTS: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you able to perform with or without accommodation the tasks involved in the position which you have applied? Yes No

Personal References

(not former employers or relatives)

Name and occupation	Address	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Authorization and Understanding

I represent that the answers and information given by me in this application are true and complete. I authorize Habitat for Humanity of Oakland County to verify the information I have provided and to make any investigation of my background deemed necessary. I also authorize third parties (such as former employers, law enforcement organizations, financial institutions, educational institutions) contacted by Habitat for Humanity of Oakland County to provide any information relevant to my application for employment. I further release all persons and organizations from any and all liability for any and all damages whatsoever for providing such information. I acknowledge that any false, inaccurate or misleading information may result in Habitat for Humanity of Oakland County refusing to hire me, or if I am hired, may result in my dismissal once the facts become known to Habitat for Humanity of Oakland County.

This application for employment shall be considered active for a period of time not to exceed 45 days. If I wish to be considered for employment beyond this time period, I understand that I should inquire as to whether applications are being accepted at that time.

I consent to all legally permissible medical examinations and drug and alcohol testing that may be required by Habitat for Humanity of Oakland County from time to time. I understand and agree that if I am employed by Habitat for Humanity of Oakland County my employment with Habitat for Humanity of Oakland County is at will, which means that either I or Habitat for Humanity of Oakland County can terminate my employment and compensation, with or without cause, and with or without notice, at any time. I acknowledge that no representations, either oral or written, have been made to me to the contrary and that any preexisting understandings which contradict an at will status of employment are canceled. Further, I understand that no person other than the Executive Director/ CEO has any authority to enter into any agreement for employment for any fixed period of time, or to make any agreement contrary to the foregoing.

In consideration of my employment, I agree to conform to the rules and policies of Habitat for Humanity of Oakland County. Also, I agree not to begin any action or suit relating directly or indirectly to my employment with Habitat for Humanity of Oakland County or the termination of my employment more than (6) six months after the date of termination of my employment and I waive any statute of limitations to the contrary. If this provision is held invalid or unenforceable, I agree that such time period will be deemed increased to the minimum extent necessary to make such provision valid and enforceable.

My signature below indicates that I have read and understood the above paragraphs.

Signature _____ Date _____