Today’s Date 

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| **SHELTER HOUSE APPLICATION**  An Equal Opportunity Employer – M/F/V/D | | | | | |
| **EEO STMT** | Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability. All qualified applicants will be given equal opportunity and selection decisions are based on job-related factors. This program follows the  rules and regulations governing fair employment practices, your right to privacy shall be respected and the results of inquiries shall be treated in confidence by the program. | | | | |
| **INSTR.** | Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application blank. PLEASE PRINT, EXCEPT FOR SIGNATURE ON BACK OF APPLICATION. All information you give on this application will be held in strict confidence. | | | | |
| **PERSONAL DATA** | Name Social Security No. - - Last First Middle  Present address Telephone No. No. Street City State Zip  Are you legally eligible for employment in the U.S.?  Yes  No Are you 18 years of age or older?  Yes  No  If hired, can you furnish proof of eligibility to work in the U.S.?  Yes  No | | | | |
| **POSITION APPLIED FOR** | Position(s) applied for Rate of pay expected $ per week Are you seeking:  Full-time  Part-Time Specify days and hours if part-time Will you work any shift?  Yes  No If Yes, shift preferred If No, shift you will work If your application is considered favorable, on what date will you be available for work? Are there any other experiences, skills or qualifications which you feel are related to the job for which you are applying? | | | | |
| **EDUCATION** | **NAME LOCATION YRS COMPLETED MAJOR/DEGREE** | | | | |
| High School |  |  |  |  |
| College |  |  |  |  |
| Other School |  | | | |
| Other Training or Skills  (Machines Operated, Special Courses, etc.) |  | | | |
|  | | | |
| **MILITARY** | Were you in the U.S. Armed Forces?  Yes  No If yes, what branch? Dates of Duty: From (mo/day/year) To (mo/day/year) Rank at discharge List duties in the service including special training: | | | | |
| **GENERAL** | Were you ever employed here before?  Yes  No When? Have you ever applied here before?  Yes  No When? Have you ever been convicted of any law violation? (except a minor traffic violation)  Yes  No  If yes, give details (A yes answer will not automatically disqualify you since the nature of the offense, date and the job for which you are applying will be considered.)  If you have worked or attended school under any other name, please give name Are you presently employed?  Yes  No If yes, may we contact your present employer?  Yes  No How were you referred to us? **For Driving Jobs Only**  If the job requires, do you have a valid driver’s license?  Yes  No Driver’s License No. State | | | | |

**EMPLOYMENT HISTORY**

**PLEASE LIST ALL HISTORY STARTING WITH PRESENT OR MOST RECENT EMPLOYER. ACCOUNT FOR ALL PERIODS, INCLUDING UNEMPLOYMENT & SERVICE WITH THE U.S. ARMED FORCES.**

**USE ADDITIONAL SHEET IF NECESSARY**

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| --- | --- | --- | --- | --- | --- | --- |
| **DATES** | **EMPLOYER NAME, ADDRESS & PHONE** | **NAME OF SUPERVISOR** | | **DESCRIBE MAJOR DUTIES** | **WAGES** | **REASON FOR LEAVING** |
| FROM  MO. YR.  TO  MO. YR. |  |  | |  | Starting  $ |  |
| Final  $ |
| FROM  MO. YR.  TO  MO. YR. |  |  | |  | Starting  $ |  |
| Final  $ |
| FROM  MO. YR.  TO  MO. YR. |  |  | |  | Starting  $ |  |
| Final  $ |
| **REFERENCES:** Give the names of three persons not related to you, whom you have known for at least one year. | | | | | | |
| **NAME** | | **ADDRESS** | | | **Years Known** | **PHONE NUMBER** |
| **1.** | |  | | |  |  |
| **2.** | |  | | |  |  |
| **3.** | |  | | |  |  |
| I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this application. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment for disclosing to the company any knowledge or information thereby acquired. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination.  Applicant’s Signature | | | I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.  I understand that if employed, I have been hired at the will of the employer and that my employment may be terminated at will, at any time, and with or without cause, the employer’s only obligation being to pay salary or wages due at the time of termination.  Date | | | |
| **DO NOT WRITE BELOW THIS LINE – FOR COMPANY USE ONLY** | | | | | | |
| Interviewed by Date Interviewer’s remarks and recommendations  Hired: Yes No Approved by Date Employed Starting Rate per | | | | | | |