



Opening Doors Every Day

Interfaith Partnership for the Homeless

Application for Employment

It is the policy of Interfaith Partnership for the Homeless (IPH) to employ, train, compensate, promote and provide other terms and conditions of employment, without regard to a person's race, color, religion, national origin, gender, marital status (including pregnancy), sexual orientation, gender identity, age, disability, veteran status, or other characteristics protected by law. This Application for Employment **must be completed in full**.

The Immigration Reform & Control Act of 1986 prohibits the employment of unauthorized aliens, and requires employers to verify the employment eligibility of all new employees. An offer of employment by IPH will be conditioned upon your providing the documentation required by law as evidence of your personal identity and your authorization to work in the United States. Any offer of employment is also conditioned upon the successful completion of a background investigation.

Position Desired: _____

Today's Date : _____

Candidate Information

Name:

First Name	Name Known As or Nickname	Middle	Last Name

Current Address:

Street & Apartment	City	State	Zip

Permanent Address:

Street & Apartment	City	State	Zip

E-mail address: _____

Telephone Number: _____

Alternate Telephone Number: _____

Have you applied to IPH before? Yes No

Have you ever worked for IPH before? Yes No

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

Will you now or in the future require sponsorship? Yes No

Are you applying for: Full-Time Part-Time Intern Contract

Date available for employment:

How or by whom were you referred to us?

Are you currently subject to a non-compete or employment agreement with another employer? Yes No



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Would you hold other employment or additional employment should you be hired by IPH which may impact your ability to perform your role or your availability to work? [] Yes [] No

Please indicate all languages that you speak, read &/or write: _____

Employment - Start with most recent employer and work backward.

Employment history table with columns for Employer 1, Employer 2, and Employer 3. Rows include: Employed from- month/year: to, Name of Company:, Address of Company:, Supervisor's Email Address:, Supervisor's Telephone #: Position You Held:, Duties You Performed:, Supervisor's Name & Title:, Reason for Leaving:, May we contact? [] Yes [] No If no, why not?



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	Supervisor's Email Address:		
	Supervisor's Telephone #:		Position You Held:
	Duties You Performed:		
	Supervisor's Name & Title:		
	Reason for Leaving:		
	May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?	

Education

Type of School	School Name and Location	Credit Hours Obtained	Degree Major/Minor	Date Degree Completed/Anticipated	GPA	
					Major	Overall
High School						
Undergraduate College						
Graduate College						
Other						

Professional Organizations/Professional Certifications

Those that you belong to and/or professional licenses, honors or recognitions received and certifications held. You may exclude any that would indicate race, religion, color, national origin or sex.

1	Organization:	
	Web Address:	
	License/Awards/Certifications:	
2	Organization:	
	Web Address:	
	License/Awards/Certifications:	

Professional References

Please list 3 business or school references that IPH may contact in regard to your application. **Do not include relatives.**

Reference 1	Name/Title:	
	Email Address:	
	Organization:	
	Telephone:	
Reference 2	Name/Title:	
	Email Address:	



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Table with 2 columns and 5 rows for contact information. Reference 3 is highlighted.

Other Information

Have you ever been convicted of a misdemeanor, felony or fraud? Or do you have any pending charges against you, or are you currently on parole or probation? [] Yes [] No
If yes, disclose below and include dates in your reply (a yes answer will not necessarily disqualify you for consideration):

Are you physically able to perform the essential job functions of the position for which you are applying? (You may answer "yes" if reasonable accommodations may be required.) [] Yes [] No

Do you have a relative (or significant other) who is employed by or associated with any person or corporation known to be a client of ours? [] No
If yes, provide:

Name of relative/ (SO):
Relationship to you:
Employer of relative/ (SO):
Address of employer:
Position of relative/ (SO):

If you hold a valid Driver's License, in what State? the ID #

Affirmation Statement

By my signature below, I affirm that the information provided in this application & accompanying resume is true and complete. I understand that any false or misleading information may disqualify me for consideration for this position and may lead to my dismissal from employment if discovered at a later date. I authorize employees of your organization, or your agent, to communicate to any person, school, current employer or past employer and organizations named in this application or accompanying resume or documentation. Exceptions, if any, are listed below. (I understand that I am not obligated to disclose sealed or expunged conviction or arrest records.) I further consent to the obtaining of investigative consumer reports from investigative and/or credit agencies on which IPH may condition employment. These consumer reports may include credit reports, criminal history, arrest records, motor vehicle records, military records or other sources of information. I understand that if a consumer investigation report is requested, I have the right under The Fair Credit Reporting Act, to request in writing, within reasonable time, a complete & accurate disclosure of the nature and scope of the investigation. As a condition of employment, I authorize the organization to perform random or suspicious Substance Screening at any time & a positive result may result in my termination. IPH is an At-Will employer. I understand that



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should I accept an offer of employment and join IPH as an employee, and subsequently am arrested and/or convicted of **any crime**, it is my responsibility to immediately notify my Supervisor. Failure to do so may result in my immediate termination.

Exceptions:

I certify that I have read and fully understand, agree to and accept all of the terms of the affirmation statement.

Signature: _____

Date: _____