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(360) 479-3853
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www.kitsaphabitat.org

Call for accessibility
arrangement
TTY 1-800-833-6388



APPLICATION FOR EMPLOYMENT

(Before completing, please read Privacy Act Statement Located on the reverse.)

Name		Position Applying for		Date
Street Address		City	State	Zip Code
Social Security Number	Home Phone	Email Address		Alternate Phone
Date Available To Start Work:		Are you 18 years of age or over? <input type="checkbox"/> Yes <input type="checkbox"/> No, if no, date of birth is _____		
Can you provide proof of citizenship, visa or alien registration if hired? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Upon hire, must provide documents to substantiate right to work in U.S.</i>				
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		State of Issue:	Driver's License Number:	
Have you been convicted of a felony within the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date	Offense:	
Are you able to perform the essential functions of this position with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever served in the United States Military or National Guard? <input type="checkbox"/> Yes (Complete the following section) <input type="checkbox"/> No				
BRANCH OF SERVICE	DATE OF DISCHARGE	RANK AT SEPARATION	TYPE OF DISCHARGE	MILITARY RESERVE STATUS
Briefly describe your major duties, responsibilities and accomplishments:				

EDUCATION & TRAINING

High School Graduate or GED Equivalent <input type="checkbox"/> Yes <input type="checkbox"/> No, If no, high grade completed. _____				
HIGH SCHOOL / COLLEGE / TRADE SCHOOL (Name and Address of Institution)	FIELD of STUDY	YEAR GRADUATED	DEGREE	CREDIT HOURS

ADDITIONAL SKILLS OR QUALIFICATIONS

Other Skills and Qualifications or Volunteer experience

REFERENCES

Please list at least three people NOT RELATED and other than supervisors you provided in you work history, who can furnish information about your character and qualifications concerning the position for which applied.			
FULL NAME	ADDRESS	DAYTIME TELEPHONE	YEARS KNOWN

WORK HISTORY

Please list work history for the last 10 years, including self-employment and pertinent volunteer work.
List most recent employment first. Attach additional work history pages as needed.

Name of company/Government Agency	Kind of Business	Phone Number	
Street Address	City	State	Zip Code
Name and Title of Immediate Supervisor	Dates Employed From to	Salary at leaving	
Job Title: Description of Duties			Reason for Leaving

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PRIVACY ACT NOTICE

This information requested on this form, is authorized by Title 5, United States Code 301 and Title 42, United States Code 410. This information is necessary to determine qualifications and suitability for employment. Information on matters such as citizenship and military service are requested to ascertain whether or not you are affected by laws or statutes that define who may and may not be employed. If you do not supply the information requested, it may not be possible to determine your eligibility and qualifications.

APPLICANT CERTIFICATION

By my signature, I certify that all statements made by me on this application, are complete, true and accurate to the best of my knowledge and belief. I consent to the release and verification of information about my ability and fitness for employment by employers, schools and law enforcement agencies and other individuals and references to be used to determine my qualifications and suitability for employment. I understand that a false statement submitted by me, may be grounds for not hiring me or for separating me after I have started work.

Applicants Signature

Date

SUPPLEMENTAL WORK HISTORY SHEET

Name	Position Applying for	Date	
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