

# SOLANO-NAPA HABITAT FOR HUMANITY (SNHFFH)

Employment Application



APPLICANT INFORMATION										
Last Name					First			M.I.	Date	
Street Address							Apartment/Unit #			
City					State			ZIP		
Phone					E-mail Address					
Date Available										
Position Applied for	Assistant Warehouse Manager/Driver									
Are you a citizen of the United States?	YES <input checked="" type="checkbox"/>	NO	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever worked/volunteered for SNHFFH?	YES	NO	If so, when ?							
Have you ever been convicted of a felony?	YES	NO	If yes, explain							
Do you have a Valid CA Driver's License?	YES	NO								
EDUCATION										
High School					Address					
From		To		YES <input checked="" type="checkbox"/>	NO	Degree				
College					Address					
From		To		Did you graduate?	YES <input checked="" type="checkbox"/>	NO	Degree			
Other					Address					
From		To		Did you graduate?	YES <input checked="" type="checkbox"/>	NO	Degree			
REFERENCES										
<i>Please list three professional references.</i>										
Full Name					Relationship					
Company					Phone					
Address										
Full Name					Relationship					
Company					Phone					
Address										
Full Name					Relationship					
Company					Phone					
Address										

**PREVIOUS EMPLOYMENT (LIST PRESENT EMPLOYER OR MOST RECENT EMPLOYER FIRST)**

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities Estimate, fabricate and install residential and commercial windows and doors.			
From	to	Reason for Leaving	
May we contact your previous /CURRENT supervisor for a reference?		YES <input checked="" type="checkbox"/>	NO
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
-----------	------

We consider all applicants for positions without regard to race, color, religion sex, national origin, citizenship, age mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria