

Application for Employment

We cultivate wholeness in people and institutions for the transformation of communities.

An Equal Opportunity Employer

APPLICANT INFORMATION				PLEASE COMPLETE ALL SECTIONS, SIGN, AND DATE APPLICATION.				
Last Name		First		M.I.	Date			
Street Address					Apartment/Unit #			
City		State		Zip				
Phone		Email Address						
Date Available		Desired Salary		How did you hear about us?				
Position Applying for (A different application must be submitted for each position to which you are applying.)					What type of position are you looking for? Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/>			
Days available to work: <input type="checkbox"/> Monday – Friday <input type="checkbox"/> Weekends				Hours available to work:				
If offered employment, can you show proof that you are legally entitled to work in the U.S.?		YES	NO	Note: If you are under 18 years of age, a parent or guardian's signature for a background check is required.				
Have you ever worked for the Foundation?		YES	NO	If so, when?				
Have you ever been convicted, pled guilty, no contest, or received deferred adjudication, pretrial diversion, or probation for either of the following: 1) any felony; 2) in the past 7 years, any misdemeanor involving indecency, theft, assault, and/or weapons? If yes, attach separate documentation explaining the details, include date(s), nature of the offense, and disposition(s) of the case(s). Answering "YES" will not automatically bar you from employment unless required by applicable laws.							YES	NO
EDUCATION								
High School				City, State				
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>								
College				City, State				
From		To	Did you graduate?		YES	NO	Degree	
Other				City, State				
From		To	Did you graduate?		YES	NO	Degree	
Professional Licenses and Certifications								
Computer/Technical/Other Relevant Skills								
Note: Applicants may be required to provide proof of diplomas, degrees, transcripts, licenses, certifications and registrations.								
REFERENCES								
<i>Please list three professional references, other than relatives, who can speak about your capabilities and experience.</i>								
Full Name				Relationship				
Company				Phone				
Full Name				Relationship				
Company				Phone				
Full Name				Relationship				
Company				Phone				

EMPLOYMENT HISTORY		
List all employment in the last 10 years, beginning with most recent employer. Include all periods of unemployment.		
Current 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"/>		
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"/>		
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"/>		
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 (Honorable or General)	
DISCLAIMER AND SIGNATURE		
<p>I UNDERSTAND MY EMPLOYMENT IS AT WILL AND CAN BE TERMINATED AT ANY TIME AT EITHER THE COMPANY'S OR MY OPTION. I UNDERSTAND THAT NO REPRESENTATIVE OTHER THAN THOSE SPECIFICALLY AUTHORIZED BY THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. IT IS MY UNDERSTANDING THAT ANY VERBAL REPRESENTATIONS MADE TO ME ARE NOT BINDING UPON THE COMPANY. I UNDERSTAND THAT AN OFFER OF EMPLOYMENT MAY BE CONTINGENT UPON THE SUCCESSFUL COMPLETION OF A TOXICOLOGICAL TEST FOR SUBSTANCE ABUSE, WHICH ALSO INCLUDES ALCOHOL, THE SATISFACTORY COMPLETION OF EMPLOYMENT, EDUCATION, AND REFERENCE VERIFICATIONS AND BACKGROUND INVESTIGATIONS, AND SUBMISSION OF SATISFACTORY PROOF OF MY IDENTITY AND LEGAL AUTHORIZATION TO WORK IN THE UNITED STATES. I UNDERSTAND THAT IF ANY OF THE ABOVE-NOTED CONTINGENCIES ARE NOT SUCCESSFULLY COMPLETED OR IF I HAVE MADE ANY FALSE OR MISLEADING STATEMENTS ON THE APPLICATION, ANY OFFER OF EMPLOYMENT WILL BE RETRACTED OR MY EMPLOYMENT TERMINATED. MY SIGNATURE BELOW INDICATES THAT I HAVE READ, UNDERSTOOD, AND AGREE WITH THE ABOVE-NOTED CONDITIONS. PROOF OF IDENTITY AND LEGAL AUTHORIZATION TO WORK IN THE UNITED STATES ARE REQUIRED UPON REPORTING TO WORK. PLEASE INDICATE YOUR ACCEPTANCE OF THESE TERMS BY TYPING YOUR FULL NAME IN THE BOX BELOW.</p>		
Signature		Date

Email completed form to hr-s@hebfdn.org -or- FAX to 830-315-9277