



HABITAT FOR HUMANITY OF CAPE COD, INC. EMPLOYMENT APPLICATION

NAME: _____

POSITION APPLYING FOR: _____

PERSONAL

Last Name	First	Initial	Home #
Other Name(s) Used			Cell #
Address	City, State	Zip Code	Work # Email
Position Applied For	Referred by		Salary Desired
Have you ever interviewed with HHCC? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) and location(s)	
Have you ever been employed HHCC before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) and location(s)	
Do you have any relatives employed by HHCC? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) and location(s)	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	May we contact your current employer for references
<input type="checkbox"/>	<input type="checkbox"/>	May we contact you at work? If so what is your work # When is the best time to contact you?
<input type="checkbox"/>	<input type="checkbox"/>	Are you legally eligible for work in this country?
<input type="checkbox"/>	<input type="checkbox"/>	Will you be able to perform the essential job functions and attendance requirements for the position you are applying for, with or without reasonable accommodation?
<input type="checkbox"/>	<input type="checkbox"/>	(Job applicants required to drive a vehicle as part of their essential job function only.) Do you currently have an active MA Driver's License? If so please provide the number and expiration date.
<input type="checkbox"/>	<input type="checkbox"/>	(Job applicants required to drive a vehicle as part of your essential job function only.) Are you currently insured as a driver in the Commonwealth of Massachusetts?

Computer Skills/Software/Social Media:

EDUCATION

Circle Highest Grade Completed: High School 9 10 11 12
 College, Trade or Business 1 2 3 4
 Graduate Studies

School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University			
Vocational, Business, Other			

List Any Professional Designations:

Other Special Knowledge, Skills or Qualifications

EMPLOYMENT HISTORY

List all employment for the past 10 years, starting with the most recent position. All information must be completed. You may include any relevant volunteer work experience.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			
Reference Name & Phone #			
Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			
Reference Name & Phone #			
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Reference Name & Phone #			
Employed From / /	Employer Name	Supervisor Name	Starting Salary
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Job Title		Reason for Leaving	
Duties & Responsibilities			
Reference Name & Phone #			

CERTIFICATION & AUTHORIZATION

An Equal Opportunity Employer

Habitat for Humanity of Cape Cod is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to race, color, religious creed, national origin, ancestry, sex, gender identity, age, criminal record (inquiries only), handicap (disability), mental illness, retaliation, sexual harassment, sexual orientation, genetics, and active military. Equally access to programs, services and employment is available to all persons. Those applications requiring reasonable accommodation to the application and or interview process should notify the Executive Director.

I certify that all information I have provided in order to apply for and secure work with Habitat for Humanity of Cape Cod is true, complete and correct. I understand that any information provided by me that is found to be false, misleading, incomplete or misrepresented in any respect, will be sufficient cause to 1) cancel further consideration of this application or 2) immediately discharge me from the employer's service, whenever it is discovered, regardless of the time elapsed after discovery.

I expressly authorize, without reservation, HHCC, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all the information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding HHCC, its agents, employees or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me. I further authorize HHCC, its agents, employees or representatives to provide any post-employment references regarding my employment with HHCC, if they are requested in writing. I also authorize HHCC, its agents, employees or representatives to obtain a credit and consumer check if necessary.

I understand that the employer does not lawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment, on a basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and that HHCC reserves the same right to terminate my employment at any time, with, or without cause and without prior notice, except as required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of HHCC is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by HHCC's president. I also understand that if I am offered employment by HHCC, I may be required to pass a physical exam, which will be provided by HHCC, and that I may be subject to random drug screens. I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from HHCC, and still wish to be considered an active candidate, it may be necessary for me to reapply and fill out a new application.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

I understand that it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

Signature of Applicant

Date