



*Please complete all information!*

(919) 542-0794

**CHATHAM HABITAT FOR HUMANITY**  
 PO Box 883 467 West St.  
 Pittsboro, NC 27312

# APPLICATION FOR EMPLOYMENT

**(Pre-Employment Questionnaire – An Equal Opportunity Employer)**

**Personal Information:**

Today's Date \_\_\_\_\_ Social Security number \_\_\_\_\_

Name \_\_\_\_\_

Last                      First                      Middle

Present address \_\_\_\_\_

Street                      city                      state                      zip

Permanent address \_\_\_\_\_

Street                      city                      state                      zip

Phone no. \_\_\_\_\_ Are you 18 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes \_\_\_\_\_ No \_\_\_\_\_

**Employment desired:**

Position desired? \_\_\_\_\_ Date you can start? \_\_\_\_\_

Are you employed now? \_\_\_\_\_ May we inquire of your present employer? \_\_\_\_\_

Have you ever applied to this company before? Yes \_\_\_\_\_ No \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Referred by \_\_\_\_\_

<b>Education:</b>	Name & Location of School	# Years Attended	Did You Graduate?	Subjects Studies
Grammar School				
High School				
College				
Trade/Business School				

**General:**

Subjects of special study or research work: \_\_\_\_\_

Special skills: \_\_\_\_\_

Activities: \_\_\_\_\_

Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members.

Military service \_\_\_\_\_ Rank \_\_\_\_\_ National Guard or Reserves \_\_\_\_\_

**This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.**

**Former Employers:** (List below last three employers, starting with last one first.)

Month/Date/Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From ____/____/____ To ____/____/____				
From ____/____/____ To ____/____/____				
From ____/____/____ To ____/____/____				

Which of these jobs did you like best? \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

**References:** (Give the names of three persons not related to you, whom you have known at least one year.)

Name	Address	Business	Years acquainted

**CRIMINAL CONVICTIONS:**

Have you ever been convicted of, pleaded no contest to, or had adjudication withheld on a crime?  yes  no

If yes, for each conviction, please specify the following:

- a) the details concerning the type of crime \_\_\_\_\_
- b) the date of the conviction \_\_\_\_\_
- c) the penalty imposed \_\_\_\_\_

**CIVIL ACTIONS:**

Have you ever been a defendant in a civil action for an international tort? (i.e., a civil wrong: assault, battery, fraud, etc.)  yes  no If yes, for each action, please specify the following:

- a) the nature of the intentional tort or wrong \_\_\_\_\_
- b) the disposition of the action \_\_\_\_\_

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Chatham Habitat for Humanity is an equal opportunity employer. Chatham Habitat for Humanity does not discriminate and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a disability, or any other legally protected status.

**In case of EMERGENCY notify:**

Name	Address	Daytime phone number
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"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the company may change the terms and conditions of my employment, with or without cause or notice, at any time. I understand that no company representative, other than its President, and then only when in writing and signed by the president 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."

# Affirmative Action Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, nation 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.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply. We invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Referral Source

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Walk-in                      | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee                     | <input type="checkbox"/> Relative                     | <input type="checkbox"/> School                    |
| <input type="checkbox"/> Advertisement - Source _____ |   | <input type="checkbox"/> Other _____               |

Name of person who referred you, if applicable \_\_\_\_\_

## Applicant Information

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_ STREET CITY STATE ZIP CODE

Male  Female

### Please check one of the following Equal Employment Opportunity Identification Groups:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Hispanic   |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander         | <input type="checkbox"/> Multiracial (having parents of different races)<br><small>THIS IDENTIFICATION GROUP IS RECOGNIZED ONLY IN THE STATE OF MICHIGAN.</small> |

## FOR ADMINISTRATIVE USE ONLY

Position(s) applied for  Available  Not Available

Other positions considered \_\_\_\_\_

Hired  Yes  No

Position hired for \_\_\_\_\_ Date of hire \_\_\_\_/\_\_\_\_/\_\_\_\_

From the EEO job classifications listed below, which one best describes the position filled?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Officials and Managers | <input type="checkbox"/> Sales Workers               | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professionals          | <input type="checkbox"/> Office and Clerical Workers | <input type="checkbox"/> Laborers (unskilled)      |
| <input type="checkbox"/> Technicians            | <input type="checkbox"/> Craft Workers (skilled)     | <input type="checkbox"/> Service Workers           |

Notes \_\_\_\_\_