

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR

PERSONAL DATA											
Name (last, first, middle)			Maiden Name								
Mailing Address					City				State	Zip	
Home Telephone Number			Business Telephone Number		Mobile Telephone Number						
Date available to work			Salary Desired			Do you have a High School Diploma or GED? Yes No					
Do You Have A Valid Driver License? Yes No		Valid Driver License Number					State Issued				
Have you had any driving violations in the last 3 years? If yes, explain: (Violations will not necessarily disqualify an applicant for employment.) Yes 🗌 No 🔲											
POSITION INFORMATION (Check all that you are willing to work)											
Hours: Schedule Availa			ility: Status			N.					
Full-time 🗌 Part-time 🔲		Days 🛛 Nights 🗋 Weekends 🗖 Overnights 🗖			nights 🗖]	Regular 🔲 Temporary 🔲				
Are you authorized to work in the U.S. on an unrestricted			d basis?			Y	Yes No				
QUALIFICATIONS (Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.)											
	School Name		Locatio		Location			Dates Attended		Degree / Diploma	
High School											
College / University											
College / University											
Licenses or Certifications											

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			Expert	Proficient					
					□ QuickBooks				
			Expert	Proficient	□ Beginner				
			Expert	D Proficient	□ SACWIS				
					Beginner				
					□ SAGE HMIS				
			Expert	Proficient	Beginner				
				's Edge	□ Blackbaud Raiser's				
			Expert	Proficient	Beginner				
		2 nd	□ Foreign Languages (If yes, please specify): 1 st						
t	Proficient Expert	2 nd Beginner	Expert	Proficient	1 st 🗖 Beginner				
	nip, organizations/ teams etc.):	sition that you are applying for (leade	rould help you in the po	s or experience that you feel w	Please list any additional skills of				
MILITARY SERVICE (Please list your military service, if applicable.)									
	Kank at Discharge:		Branch:						
	<u> </u>	Type of Discharge:							
					Dates of Service:				
If not Honorable, please explain:									
				To:	From:				
					From:				
Include paid	ears. Use senarate sheet if necessary. (1	list all employment within the past 1	t recent employment an	ain:	From: If not Honorable, please explain				
Include paid	vears. Use separate sheet if necessary. (I			ain: Start with your present or mo	From:				
Include paid	/ears. Use separate sheet if necessary. (I End Date (mo/yr)	l list all employment within the past 1 e (mo/yr)		ain: Start with your present or mo	From: If not Honorable, please explain				
Include paid			Start Dat	ain: Start with your present or mo	From:				
Include paid	End Date (mo/yr)	e (mo/yr) or's Name / Title	Start Dat	ain: Start with your present or mo	From:				
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Include paid	End Date (mo/yr) Phone Number / Email Zip	e (mo/yr) or's Name / Title	Start Dat Supervis	ain: Start with your present or mo	From:				
t	-	2 nd ☐ Beginner sition that you are applying for (leade	Expert	Proficient	1 st ☐ Beginner Please list any additional skills o				

Supervisor's Name / Title Phone Number / Email ddress City/State Zip Duties:
Duties Leason for Leaving May we contact this employer? Yes No N/A Job Title #3 Company Name Start Date (mo/yr) End Date (mo/yr) Company Name Supervisor's Name / Title Phone Number / Email Address Citry/State
Leason for Leaving May we contact this employer? Yes No N/A Ibb Title #3 Company Name Start Date (mo/yr) Supervisor's Name / Title Phone Number / Email Address Citly/State Zip
Yes No N/A Iob Title #3 Start Date (mo/yr) Company Name Supervisor's Name / Title Phone Number / Email Address City/State Zip
Yes No N/A Iob Title #3 Start Date (mo/yr) Company Name Supervisor's Name / Title Phone Number / Email Address City/State Zip
Yes No N/A Iob Title #3 Start Date (mo/yr) End Date (mo/yr) Company Name Supervisor's Name / Title Address City/State Zip
Job Title #3 Start Date (mo/yr) End Date (mo/yr) Company Name Supervisor's Name / Title Phone Number / Email Address City/State Zip
Company Name Supervisor's Name / Title Phone Number / Email Address City/State Zip
Company Name Supervisor's Name / Title Phone Number / Email Address City/State Zip
Company Name Supervisor's Name / Title Phone Number / Email Address City/State Zip
Address City/State Zip
Duties:
Reason for Leaving May we contact this employer?
Yes No N/A
Job Title #4 Start Date (mo/yr) End Date (mo/yr)
Company Name Supervisor's Name / Title Phone Number / Email
Address City/State Zip
Duties
Reason for Leaving May we contact this employer? Yes No N/A

REFERENCES (Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references.)							
Name / Title	Address / City / State	Phone / Email	Relationship				

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to conduct an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the Agency is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature

Date _____

UNITY IS AN EQUAL OPPORTUNITY EMPLOYER