

# NORTH HOMES, INC.

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

*(PLEASE TYPE OR PRINT – This application must be completed by all applicants)*

Position(s) Applied For	Date of Application
Last Name First Name Middle Name	
Address Number Street City State Zip Code	
Telephone Number(s)	

Are you currently employed?  Yes  No  
Where? \_\_\_\_\_

Have you previously applied for, interviewed for, volunteered for, and/or worked for North Homes, Inc?  Yes  No  
If Yes, Explain \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you ever been convicted of a criminal offense (felony or misdemeanor)?  Yes  No  
*Conviction will not necessarily disqualify an applicant from employment.*

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case. \_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying?  Yes  No

If Yes, please explain \_\_\_\_\_

Are you over the age of 21?  Yes  No

I authorize North Homes, Inc. to perform extensive background checks in regards to my employment request. These may include, but are not limited to: State, County, Federal, Automobile, Business References, Personal References, etc.  Yes  No

***NORTH HOMES, INC. IS AN EQUAL OPPORTUNITY EMPLOYER***

# Employment History

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address City State Zip				
Telephone Number(s)		Full Time	Part Time	
Job Title	Supervisor's Name			
May we contact this person for a reference?		Yes	No	
Reason for Leaving		Hourly Rate/Salary		
		Starting	Final	
Employer		Dates Employed		Work Performed
		From	To	
Address City State Zip				
Telephone Number(s)		Full Time	Part Time	
Job Title	Supervisor's Name			
May we contact this person for a reference?		Yes	No	
Reason for Leaving		Hourly Rate/Salary		
		Starting	Final	
Employer		Dates Employed		Work Performed
		From	To	
Address City State Zip				
Telephone Number(s)		Full Time	Part Time	
Job Title	Supervisor's Name			
May we contact this person for a reference?		Yes	No	
Reason for Leaving		Hourly Rate/Salary		
		Starting	Final	
Employer		Dates Employed		Work Performed
		From	To	
Address City State Zip				
Telephone Number(s)		Full Time	Part Time	
Job Title	Supervisor's Name			
May we contact this person for a reference?		Yes	No	
Reason for Leaving		Hourly Rate/Salary		
		Starting	Final	

If you need additional space, please continue on a separate sheet of paper.

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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# Professional References

List below three persons who have knowledge of your work performance within the last four years. Please include profession references only.

Name – First, Last \_\_\_\_\_  
 Telephone Number(s) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Occupation \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Name – First, Last \_\_\_\_\_  
 Telephone Number(s) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Occupation \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Name – First, Last \_\_\_\_\_  
 Telephone Number(s) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Occupation \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

# Personal References

List below two personal references. These individuals should not be relatives or past employers.

Name – First, Last \_\_\_\_\_  
 Telephone Number(s) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Relationship \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Name – First, Last \_\_\_\_\_  
 Telephone Number(s) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Relationship \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

# List Counties of Residence

**Current County of Residence:** \_\_\_\_\_

List **ALL** the Counties you have lived in during the past **5 years:**

Your Name At Time of Residence	Address of Residence	State	Zip Code	County	Dates of Residence

# Education

	High School				Undergraduate College/University				Graduate/ Professional			
<b>School Name and Location</b>												
<b>Years Completed</b>	9	10	11	12	1	2	3	4	1	2	3	4
<b>Diploma/Degree</b>												
GED _____ Year Completed _____												
<b>Describe Course of Study</b>												

Please describe other educational accomplishments.

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Current licenses or certificates held \_\_\_\_\_

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# Agreement

I hereby authorize investigation of all statements contained in this application. I agree that if any misrepresentation or omission has been made by me herein or the results of an investigation are not satisfactory for any reason, any offer of employment made to me by the agency may be terminated immediately. I further agree that the agency will have no obligation or liability to me except to pay me, at the rate agreed upon, for services actually rendered if I have been employed.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the agency and myself for either employment or the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the agency. If an employment relationship is established, I understand that I have the right to terminate my employment at any time for any reason or no reason and the agency retains the same right regarding the discontinuation of my employment.

I hereby acknowledge that I have read and understand the foregoing.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government t on the following information, please note that all Data Record is optional. If you choose to volunteer the requested information, please note all Data Record is optional. If you choose to volunteer the requested information, please note all Data Record are kept in a confidential File and are not part of your Application for employment or personnel file.

**Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT EFFECT ANY EMPLOYMENT DECISION.**

## VOLUNTARY SURVEY

(Please Print)

Date \_\_\_\_\_

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security Number \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_

Check one of the following: (Ethnic Origin)

\_\_\_\_\_ White                      \_\_\_\_\_ Hispanic                      \_\_\_\_\_ American Indian/Alaskan Native  
\_\_\_\_\_ Black                      \_\_\_\_\_ Other                      \_\_\_\_\_ Asian/Pacific Islander

Check If Any Of The Following Are Applicable:

\_\_\_\_\_ Vietnam Era Veteran      \_\_\_\_\_ Disabled      \_\_\_\_\_ Handicapped Individual