



## Application for Employment

We greatly appreciate your interest in The Homeless Coalition and assure you that your application will be considered for the position stated below. Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, veteran status or any other characteristic protected by law.

Please note this application must be completed in its entirety and signed, to be considered for employment. We are a Drug Free Workplace, in order to accomplish this, we run Drug and Background checks on all our employees. Note: All new hires are required to submit documentation in accordance with the Immigration Reform and Control Act of 1986.

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Number: (\_\_\_\_) \_\_\_\_\_

Position desired? \_\_\_\_\_

Can you perform the essential functions of the position for which you are applying?  
YES [ ] NO [ ]

If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

\_\_\_\_\_

When are you available to begin work? \_\_\_\_\_

Are you legally eligible to be employed in the United States? YES [ ] NO [ ]

(Proof of identity and eligibility will be required upon employment)

Have you ever been convicted of any crime other than a minor traffic violation? YES [ ] NO [ ]

If yes, state the date and places where the charges occurred (note: answering "yes" will not automatically disqualify you for employment): \_\_\_\_\_

\_\_\_\_\_

Are you over the age of 18 years? YES [ ] NO [ ]

(If no, you may be required to provide authorization to work.)

Have you ever worked for this Company before? YES [ ] NO [ ]

If yes, where? \_\_\_\_\_ When? (Dates)\_\_\_\_\_ Job Title: \_\_\_\_\_

Do you have any relatives or friends who work for the Company? YES [ ] NO [ ] If yes, who and where do they work?

\_\_\_\_\_

Have you ever done any volunteer work? YES [ ] NO [ ] If yes, describe: (Omit any volunteer work which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities)

\_\_\_\_\_

Are you available to work: DAYS [ ] NIGHTS [ ] WEEKENDS [ ] FULL TIME [ ] If you cannot work full time, please explain:

\_\_\_\_\_

Days and Hours Available:(If employed, notification must be provided in writing should availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Are you presently employed? YES [ ] NO [ ]

If yes, may we contact your employer? YES [ ] NO [ ]

If presently employed, why are you considering leaving?

\_\_\_\_\_

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying? YES [ ] NO [ ] If yes, please explain and list offices held: (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

\_\_\_\_\_

\_\_\_\_\_

What brought you to The Homeless Coalition? \_\_\_\_\_

Where have you previously volunteered? \_\_\_\_\_

**EDUCATION**

	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				

Have you completed any special courses, seminars and/or training directly related to the position for which you are applying? YES [ ] NO [ ] If yes, please describe:

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List academic honors, extracurricular activities, offices held, etc. in high school or college: (Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.) \_\_\_\_\_

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**EMPLOYMENT**

Start with your current or most recent position

Name of Employer		Telephone Number	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed	From Month/Day/Year	To Month/Day/Year	
Describe the Work Performed			
_____			
_____			
_____			
Name of Employer		Telephone Number	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed	From Month/Day/Year	To Month/Day/Year	
Describe the Work Performed			
_____			
_____			
_____			
Name of Employer		Telephone Number	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed	From Month/Day/Year	To Month/Day/Year	
Describe the Work Performed			
_____			
_____			
_____			

Use an additional sheet of paper if more space is necessary.

**PERSONAL REFERENCES**

Give three references (not relatives or employers)

Name	Occupation
Full Address or Email: _____ Street _____ City _____ State _____ Zip _____	Telephone Number
Name	Occupation
Full Address or Email: _____ Street _____ City _____ State _____ Zip _____	Telephone Number
Name	Occupation
Full Address or Email: _____ Street _____ City _____ State _____ Zip _____	Telephone Number

**IMPORTANT, PLEASE READ AND SIGN**

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

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**Signature of Applicant:** \_\_\_\_\_ **Date** \_\_\_\_\_

Once application is completed, please send to [joanna.pohopin@cchomelesscoalition.org](mailto:joanna.pohopin@cchomelesscoalition.org)