

**BEND AREA HABITAT FOR HUMANITY, INC.  
EMPLOYMENT APPLICATION**

Bend Area Habitat for Humanity, Inc. ("BAHFH") is an equal employment opportunity employer. BAHFH considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation, and/or any other legally protected classification. BAHFH is a drug-free workplace. Individuals who need an accommodation during the application process should request the accommodation in advance so necessary arrangements may be made. Please contact BAHFH if there is any part of this application which you do not understand before signing.

Print or type the required information. Please supply an answer to every applicable question. Please indicate N/A if the particular question or matter is not applicable to you. If additional space is needed, attach a separate sheet. Because this application may be used for investigative purposes, DO NOT misstate or omit any material facts or information. Statements made herein are subject to verification to determine your qualification for employment. If you are employed by BAHFH, this application will become part of your personnel file.

**SUPPLEMENTALS TO THIS APPLICATION MAY BE NECESSARY (AND BECOME PART OF THIS APPLICATION). THESE SUPPLEMENTALS CONCERN CRIMINAL BACKGROUND CHECKS AND CREDIT CHECKS. PLEASE INQUIRE WHETHER ANY SUPPLEMENTALS ARE NECESSARY IN CONNECTION WITH YOUR APPLICATION.**

**General**

Position \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State ZIP

Telephone No: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Cellular

Are you at least 18 years of age: Yes \_\_\_ No \_\_\_

Date you can report to work: \_\_\_\_\_ Are you available to work full-time, part-time, or on a temporary basis: \_\_\_\_\_

What hours are you available to work: \_\_\_\_\_ Are you able to travel if required: Yes \_\_\_ No \_\_\_

Complete if applying for position requiring a driver's license.

Do you have a valid Oregon driver's license: Yes \_\_\_ No \_\_\_ ODL No.: \_\_\_\_\_

Have you ever had your license suspended or revoked: Yes \_\_\_ No \_\_\_; If yes, please explain below: \_\_\_\_\_

Are you legally eligible for employment in the United States: Yes \_\_\_ No \_\_\_

**Education and Skills**

Did you graduate from high school or receive an equivalent diploma: Yes \_\_\_ No \_\_\_

Name of college or university you attended, if any: \_\_\_\_\_  
From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_  
Year of graduation: \_\_\_\_\_ Certificates, degrees, etc. earned: \_\_\_\_\_

Name of college or university you attended, if any: \_\_\_\_\_  
From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_  
Year of graduation: \_\_\_\_\_ Certificates, degrees, etc. earned: \_\_\_\_\_

Have you received any specialized schooling or training: Yes \_\_\_ No \_\_\_ Name of school or training program: \_\_\_\_\_  
From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_  
Year of graduation: \_\_\_\_\_ Certificates, degrees, etc. earned: \_\_\_\_\_

Please identify below any special training, licenses, certificates, equipment, languages, or other special skills you may have that are pertinent to the position for which you are applying:

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A job description for the position(s) for which you are applying has been provided. Are you able to perform the essential job functions required of the position with or without reasonable accommodation(s): Yes \_\_\_ No \_\_\_

**History**

Please list below all work experience for the past 10 years, paid or unpaid, beginning with your most recent job. Your work experience should include military, volunteer, and other jobs. Please attach additional pages if more space is needed.

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_  
From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_ Full Time: \_\_\_ Part Time: \_\_\_ Start Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
Specific Duties: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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May we contact this employer: Yes \_\_\_ No \_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_  
From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_ Full Time: \_\_\_ Part Time: \_\_\_ Start Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
Specific Duties: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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May we contact this employer: Yes \_\_\_ No \_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_  
From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_ Full Time: \_\_\_ Part Time: \_\_\_ Start Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
Specific Duties: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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May we contact this employer: Yes \_\_\_ No \_\_\_

Have you ever been terminated from a job or asked to resign: Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

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**References**

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

Relationship: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

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

Relationship: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**Applicant's Statement and Release**

Please initial next to each paragraph and sign where indicated below.

\_\_\_\_\_ I certify that all statements made in connection with this application (whether contained herein (and/or any supplements) or made by me or others at my request during the course of the employment process) are true and complete in all respects. I acknowledge and agree that any verbal or written statement that is false, fraudulent, or misleading, or any omission, concealment, or failure to answer any question fully, completely, and accurately, whether made by me or others at my request, will result in the rejection of this application, denial of employment, or termination from employment if discovered after employment.

\_\_\_\_\_ I authorize the investigation of all matters which BAHFH deems relevant to my qualifications for employment, including, without limitation, work records, reference checks, education, and an investigation into my driving record. I authorize and request that all my present and former employers, references, educational institutions, and any others to furnish and release information about me, my employment record, and/or education, including a statement of reasons for the termination of my employment and information regarding my work performance, disciplinary reports or actions, abilities, degrees obtained, transcripts, licenses and certifications, and other qualities and information BAHFH deems pertinent to my qualifications for employment. By signing below, I release BAHFH (and all providers of information) from any and all claims and/or liabilities arising out of or in any way connected with BAHFH's background investigation. If employed, I release BAHFH from any claims and/or liabilities for future references it may provide regarding my work history and performance with BAHFH.

\_\_\_\_\_ I understand that if offered employment, I will be required to submit proof of my identity and legal right to work in the United States as a condition of employment.

\_\_\_\_\_ I understand that any job offer is contingent on me successfully passing a criminal background check and sexual offender registry. I hereby agree to such screening and authorize the background facility to release the results to BAHFH. I release BAHFH and the background facility from any and all claims and/or liabilities resulting therefrom or relating thereto. I understand that a refusal to submit to the background screening will be considered a voluntary resignation of employment.

\_\_\_\_\_ I understand that any job offer is contingent on me successfully passing a drug screening. I hereby agree to such drug screening and authorize the testing facility to release the test results to BAHFH. I release BAHFH and the testing facility from any and all claims and/or liabilities resulting therefrom or relating thereto. I understand that a refusal to submit to the drug screening will be considered a voluntary resignation of employment.

\_\_\_\_\_ I understand that, if employed, my employment relationship with BAHFH will be at-will. Therefore, subject to applicable law, my employment may be terminated (and I may voluntarily resign) at any time, for any reason or no reason, with or without cause or prior notice. Nothing contained in this application, or provided in connection herewith, will be construed as an offer or promise of employment nor create an employment contract or guarantee that employment or any benefit will be provided or continued for any period of time.

By signing below, I hereby affirm the foregoing and all other contents of this application. My signature below certifies that I have read and understand this application and agree to the terms and conditions contained on this page and all other parts of this application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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| FOR MANAGEMENT USE ONLY                             |   |
|---|---|
| Date Application Received: _____                    | Supplementals to Application Required: Yes ___ No ___ |
| Arrange Interview: Yes ___ No ___                   |   |
| _____<br>Interviewer                                | _____<br>Date   |
| Employ: Yes ___ No ___    Date of Employment: _____ | Job Title: _____                                      |
| Hourly/ Salary Rate: _____    Department: _____     |   |
| By: _____   | _____<br>Date   |
| Name and Title                                      |   |