



EMPLOYMENT APPLICATION
Equal Opportunity Employer

PLEASE PRINT		Today's date: _____		

First Name	M.I.	Last Name		

Street Address	Apartment #	City	State	Zip Code

Home Phone	Cell Phone		E-Mail Address	

PLEASE PLACE A CHECK BY YOUR RESPOSE OR PROVIDE THE APPROPRIATE INFORMATION	
How did you hear about the position? _____	
When are you able to start work? (Date) _____	
Position desired: _____	
Do you have any friends or relatives employed at this organization? Yes _____ No _____	
If yes, who?	
Name: _____	Relationship: _____
Are you legally authorized to work in the United States? Yes _____ No _____	
If hired, will you be able to produce required I-9 Documentation? Yes _____ No _____	

This organization is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, national origin, religion, age, sex, legally recognized physical, emotional or mental disability, sexual orientation, gender identity or expression, marital status, pregnancy, childbirth or related medical conditions, military or veteran status or any other legally protected status in accordance with applicable local, state and federal anti-discrimination laws. This organization also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

PLEASE LIST YOUR WORK EXPERIENCE BELOW: (MOST RECENT JOB FIRST)

FROM _____ /_____ MO. YR.	COMPANY NAME		YOUR POSITION and TITLE
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION
	CITY		SUPERVISOR'S TELEPHONE NUMBER
	STATE	ZIP CODE	TYPE OF BUSINESS
TO _____ /_____ MO. YR.	TELEPHONE NUMBER ()		TERMINATION REASON: <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY
	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u>		

FROM _____ /_____ MO. YR.	COMPANY NAME		YOUR POSITION and TITLE
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EDUCATION:

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
OTHER			

PROFESSIONAL DESIGNATIONS:

DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED
DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED
DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED

PROFESSIONAL LICENSES:

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

REFERENCES: Please list at least two professional references

NAME	RELATIONSHIP	COMPANY	PHONE

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resumé, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resumé or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from Building Future's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with Building Futures in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between Building Futures and me, and that in the event I am hired, my employment will be "at will" and either Building Futures or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by Building Futures to its employees is intended to or can create an employment contract, an offer of employment or any obligation on Building Future's part. Building Futures may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize Building Futures and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize Building Futures and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

SIGNED: _____

DATE: _____