

Name and Location of School

Or Technical Name and Location of School

College/Univ _

APPLICATION FOR EMPLOYMENT

APPLICATION DATE: PERSONAL INFORMATION Name: _____ Last First Middle Address: _____ Street Apt# City State Zip Code Email: _____ Telephone #: () ______ **GENERAL INFORMATION** Position applying for? _____ How did you hear about HomeFirst? _____ Are you a former employee of HomeFirst? ☐ Yes ☐ No If yes, in which program(s) did you work? Are you a current or former client of HomeFirst or a current or former tenant in a property owned or managed by HomeFirst? \square Y \square No If you are under 18 years of age, do you have a work permit? Tes I No If hired, do you have access to a reliable means of transportation to and from work?

Yes No Are there any hours, shifts, or days of the week that you cannot work? If yes, please list: Are you legally eligible for employment in the USA? \(\begin{aligned} \begin{aligned} \begin{a If hired, verification will be required within 3 days employment **EDUCATION and TRAINING** _____ Diploma/Major _____ Graduate **Yes/No** High School ___

_____Diploma/Major _____Graduate Yes/No

WORK HISTORY		
Present or Most Recent Employer	Telephone # ()
Address of Employer	Name of Supervisor	
Date Started Date Left		
Description of Duties		
Reason for Leaving		
Previous Employer	Telephone # ()
Address of Employer	Name of Supervisor	
Date Started Date Left		
Description of Duties		
Reason for Leaving		
Previous Employer	Telephone # ()
Address of Employer	Name of Supervisor	
Date Started Date Left		
Description of Duties		
Reason for Leaving		
References: List below two persons other than friends or relatives who have knowledge of your work experience.		
Name	Phone #	Relationship to You
Name	Phone #	Relationship to You

HomeFirst is an Equal Opportunity Employer

Applicant's Certification and Agreement

It is our policy to provide equal employment opportunities to all qualified persons without regard to race, sex, age, color, religion, national origin, ancestry, marital status, disability as defined by law, sexual orientation, or any other basis protected by law.

Once you have filled out your application, please save and email your attachment to:
Gloria Zamora at <u>Gzamora@homefirstscc.orq</u> or Naya Kaur at <u>NKaur@homefirstsccc.orq</u>

