



# *HumanWorks Affiliates, Inc.*

## **APPLICATION FORM**

(COMPLETE INFORMATION REQUESTED ON ALL PAGES ATTACHED)

Date: \_\_\_\_\_ Position(s) applying for: \_\_\_\_\_

Referred by: \_\_\_\_\_  
(If newspaper, please specify which paper)

Were you ever employed by HumanWorks Affiliates? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

### Personal Data:

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

Do you have the legal right to work and remain in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to perform the duties of the position you have applied for in a reasonable and safe manner? Yes \_\_\_\_\_ No \_\_\_\_\_. If no, please explain: \_\_\_\_\_

Did you serve in any military branch? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, in what capacity? \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
(Please note: Conviction will not necessarily disqualify applicant.)

Do you have a valid driver's license: Yes: \_\_\_\_\_ No \_\_\_\_\_  
If yes, issued by what state: \_\_\_\_\_ Expiration date: \_\_\_\_\_

List your hobbies and other interests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Education and Training:(List name of school, location, dates attended, and major courses taken only for highest degree attained.)

High School: \_\_\_\_\_

College: \_\_\_\_\_

Organization and Volunteer Work: List any organization you are a member of and volunteer work you have done which is relevant to the job for which you are applying, List capacity you serve(d) in the organization and in the volunteer experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY (BEGIN WITH MOST RECENT POSITION)**

**(1)**

Employer's Name: \_\_\_\_\_

May we contact?: Yes \_\_\_\_\_ No \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

Address/Street Number: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Annual salary: \_\_\_\_\_ or Hourly rate: \_\_\_\_\_

Starting salary: \_\_\_\_\_ Final salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(2)**

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Employer's name: \_\_\_\_\_

May we contact?: Yes \_\_\_\_\_ No \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

Address/Street number: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone number: ( ) \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Annual salary: \_\_\_\_\_ or Hourly rate: \_\_\_\_\_

Starting salary: \_\_\_\_\_ Final salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(3)**

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Employer's name: \_\_\_\_\_

May we contact?: Yes \_\_\_\_\_ No \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

Address/Street number: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone number: ( ) \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Annual salary: \_\_\_\_\_ or Hourly rate: \_\_\_\_\_

Starting salary: \_\_\_\_\_ Final salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(4)**

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Employer's name: \_\_\_\_\_

May we contact?: Yes \_\_\_\_\_ No \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

Address/Street number: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone number: ( ) \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Annual salary: \_\_\_\_\_ or Hourly rate: \_\_\_\_\_

Starting salary: \_\_\_\_\_ Final salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(5)**

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Employer's name: \_\_\_\_\_

May we contact?: Yes \_\_\_\_\_ No \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

Address/Street number: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone number: ( ) \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Annual salary: \_\_\_\_\_ or Hourly rate: \_\_\_\_\_

Starting salary: \_\_\_\_\_ Final salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Indicate the number of days absent from work during your last 12 months of employment \_\_\_\_\_
2. Indicate the number of days late for work during your last 12 months of employment \_\_\_\_\_
3. State whether you have ever been terminated or suspended from any previous employment and describe the circumstances. \_\_\_\_\_  
\_\_\_\_\_

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**AVAILABILITY QUESTIONNAIRE**

Several positions require that you be available to work alternating shifts and/or weekend assignments. In order that we give your application appropriate consideration, please complete the following questions:

I am available and willing to work the following hours on days indicated.

- |              |                     |             |                     |
|--------------|---------------------|-------------|---------------------|
| 1. Monday    | from _____ to _____ | 5. Friday   | from _____ to _____ |
| 2. Tuesday   | from _____ to _____ | 6. Saturday | from _____ to _____ |
| 3. Wednesday | from _____ to _____ | 7. Sunday   | from _____ to _____ |
| 4. Thursday  | from _____ to _____ | 8. Holidays | from _____ to _____ |

9. Do you have any restrictions or conflicts or additional considerations with the hours you have indicated that you are available? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STATEMENT:**

Completion of this form indicates your interest in becoming an employee of HumanWorks Affiliates and we promise to give your application careful consideration.

HumanWorks Affiliates is an equal opportunity employer in full accordance with the Federal and State regulations. The criteria to be used in judging candidates for staff positions are those capabilities needed to successfully fulfill the responsibilities of the position. Within these parameters there will be no discrimination in candidate selection.

HumanWorks Affiliates will investigate the information contained wherein and will disqualify applicants who falsify information contained herein. If employment has commenced, this information will be grounds for immediate termination.

Information provided in the application and all subsequent personnel forms are maintained in the strictest confidence.

I have read and understand the above:

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(signature of applicant)

**EMPLOYEE REFERENCE FORM**

**THE UNDERSIGNED**, has made application for employment with HumanWorks Affiliates.

**THE UNDERSIGNED**, in the course of such application for employment, hereby executes this Authorization for HumanWorks Affiliates to request information concerning the applicant from all previous employers of the applicant and the applicant, by execution hereof, does hereby specifically authorize the release of such information as requested by HumanWorks Affiliates from the previous employers of the undersigned as HumanWorks Affiliates in its discretion, may require in reviewing and considering the applicant of the undersigned for employment.

By execution of this Authorization, the undersigned specifically relieves the employer as well as its agents, officers, employees, its successors from any claim, demand, liability, suit, judgment or action of any kind by release of information pursuant to this Authorization.

I was employed from \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_, Inc.

My position was \_\_\_\_\_ and my last salary was \_\_\_\_\_

My Social Security Number is: \_\_\_\_\_

\_\_\_\_\_  
Applicant Name (Print)

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

\_\_\_\_\_  
(This section to be completed by person providing reference)

**EMPLOYMENT EVALUATION**

ATTENDANCE \_\_\_\_\_  
PUNCTUALITY \_\_\_\_\_  
CHARACTER \_\_\_\_\_  
COMPATIBILITY \_\_\_\_\_  
JOB KNOWLEDGE \_\_\_\_\_  
COMPETENT TO PERFORM DUTIES \_\_\_\_\_  
QUALITY OF WORK \_\_\_\_\_  
HONESTY \_\_\_\_\_  
PERSONAL APPEARANCE \_\_\_\_\_

LEGEND  
1=EXCELLENT  
2=GOOD  
3=SATISFACTORY  
4=FAIR  
5=POOR

ELIGIBLE FOR RE-HIRE YES \_\_\_\_\_ NO \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_  
Please return this form in the stamped, self addressed envelope.