

 **Application for Employment**

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

*Centro Hispano Milwaukee (CHM) considers applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.*

Please **print or type** your information for each section of the application. Incomplete applications may be disqualified from consideration.

What position are you applying for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever filed an application with us before? | YES[ ]  | NO[ ]  | If yes, when? |  |
| Have you ever been employed with us before? | YES[ ]  | NO[ ]  | If yes, when? |  |
| Do any of your friends or relatives work here? | YES[ ]  | NO[ ]  | If yes, who? |  |

How did you learn about us (check all that apply)?

[ ]  CHM website [ ]  CHM Facebook [ ]  Friend [ ]  Relative

[ ]  Other website [ ]  Other social media [ ]  Nonprofit Center-*Jobs that Serve*

[ ]  Other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Applicant Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Last | First | Middle  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Best time to contact: |  | am / pm |  |

## Education

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name, city & state of school | Number of years Completed | Diploma or Degree Achieved |
| High School |  |  |  |
| College-Undergraduate |  |  |  |
| College-Graduate or Professional |  |  |  |
| Other (list) |  |  |  |

## Employment History

**Start with your present or most recent job.**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer: |  | Phone #: |  |
| Address: |  | Supervisor: |  |
| Job Title: |  | Starting Salary: | $ | Final Salary: | $ |
| Duties: |  |
| Dates Employed: | From: |  | To: |  |
| Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Employer: |  | Phone #: |  |
| Address: |  | Supervisor: |  |
| Job Title: |  | Starting Salary: | $ | Final Salary: | $ |
| Duties: |  |
| Dates Employed: | From: |  | To: |  |
| Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Employer: |  | Phone #: |  |
| Address: |  | Supervisor: |  |
| Job Title: |  | Starting Salary: | $ | Final Salary: | $ |
| Duties: |  |
| Dates Employed: | From: |  | To: |  |
| Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Employer: |  | Phone #: |  |
| Address: |  | Supervisor: |  |
| Job Title: |  | Starting Salary: | $ | Final Salary: | $ |
| Duties: |  |
| Dates Employed: | From: |  | To: |  |
| Reason for Leaving: |  |

***If you have additional employment, please list on separate sheet.***

## Additional Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you currently employed? | YES[ ]  | NO[ ]  | May we contact your present employer? | YES[ ]  | NO[ ]  |
| Date available for work |  | What is your desired salary?  |  $  |
| Are you available to work (check all that apply)? | [ ]  Full-Time | [ ]  Part-Time | [ ]  Temporary |
| Are you currently on “lay-off” status and subject to recall? | YES[ ]  | NO[ ]  |
| Have you been convicted of a felony within the last five years? | YES[ ]  | NO[ ]  |
| Have you served in the US military? | YES[ ]  | NO[ ]  | If so, how long? |  |
| What training did you receive? |  |
| Can you travel if a job requires it? | YES[ ]  | NO[ ]  | Explain (if needed):  |

|  |
| --- |
| **Other Qualifications:** Summarize special skills and qualifications. |
|  |
|  |
|  |

## References

Please list three professional references.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone #: |  |
| Address: |  | Email: |  |
|  |  |  |  |
| Name: |  | Phone #: |  |
| Address: |  | Email: |  |
|  |  |  |  |
| Name: |  | Phone #: |  |
| Address: |  | Email: |  |

## Applicant’s Statement

I certify that the information I provided on this application is true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a maximum of 90 days. Any applicant wishing to be considered for employment beyond this time must re-apply.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and CHM may discharge the Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

As required by law, I understand that I will need to provide proof of eligibility to work if offered a position.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Applicant |  | Date |

## Human Resource Use Only

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Position(s) applied for is open? | YES [ ]  NO [ ]  | Date: |  |  |
| Position(s) considered for: |  |
| Arrange Interview: | YES [ ]  NO [ ]  |  |  |  |
| Notes: |  |
|  |
|  |
|  |  |
| *Interviewer(s) Date* |
| Employed: | YES [ ]  | NO [ ]  | Start Date: |  |
| Job Tittle: |  |  | Department: |  |
| Hourly Rate/Salary: |  | Hired by: |  |