

# APPLICATION FOR EMPLOYMENT

Pillars, Inc. – an Equal Opportunity Employer

Position(s) Applied For	Date of Application				
Desired Hourly Rate / Salary Range	Date Available to Start Employment				
How Did You Learn About Us? <input type="checkbox"/> Pillars Website <input type="checkbox"/> Indeed <input type="checkbox"/> Craigslist <input type="checkbox"/> United Way <input type="checkbox"/> Friend/Relative <input type="checkbox"/> College/University <input type="checkbox"/> Employee <input type="checkbox"/> Other _____					
Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s): Home		Cell			
Email Address:					

Best time to contact you: \_\_\_\_\_ AM/PM      Best number to contact you:  Home     Cell

Are you 18 years of age or older?       Yes     No

Have you ever filed an application with us\* before?  Yes     No    If Yes, give date/agency \_\_\_\_\_

\*Pillars is the result of a merger between Homeless Connections, Housing Partnership of the Fox Cities & Fox Valley Warming Shelter. If you applied to one of these agencies, please indicate which one.

Do any of your friends or relatives work at Pillars?       Yes     No

If Yes, state name, relationship and location \_\_\_\_\_.

Are you currently employed?     Yes     No

May we contact your present employer?       Yes     No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes     No    Proof of citizenship or immigration status will be required upon employment.

Are you available to work:  Full Time     Part Time     Temporary / Shifts available for work:  1<sup>st</sup>     2<sup>nd</sup>     3<sup>rd</sup>

Days available to work (Circle):      Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

Are you currently on "lay-off" status and subject to recall?       Yes     No

Can you travel if a job requires it?       Yes     No

Have you been convicted of a felony within the last 7 years?       Yes     No

If yes, please explain (state, date, court, type of crime, place of occurrence, disposition):

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Note: Conviction of a crime will not necessarily disqualify you for employment. Each conviction will be judged on its own merit with respect to time and job relatedness.

NOTE: Pillars' policy precludes persons from being employed who have been a client of the Adult Shelter or Adult & Family Shelter within the past year. Have you been a client?  Yes  No If yes, when? \_\_\_\_\_

**WORK EXPERIENCE**

*Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.*

Employer	Date Started	Date of Termination	Work Performed
Address			
Telephone Number(s)	Starting Hourly Rate / Salary	Final Hourly Rate / Salary	
Starting/Present Job Title			
Supervisor	May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving			

Employer	Date Started	Date of Termination	Work Performed
Address			
Telephone Number(s)	Starting Hourly Rate / Salary	Final Hourly Rate / Salary	
Starting/Present Job Title			
Supervisor	May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving			

Employer	Date Started	Date of Termination	Work Performed
Address			
Telephone Number(s)	Starting Hourly Rate / Salary	Final Hourly Rate / Salary	
Starting/Present Job Title			
Supervisor	May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving			

**Comments** *Include explanation of any gaps in employment*

**EDUCATION**

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

**PROFESSIONAL REFERENCES**

*Do not include family members or friends.*

NAME	PHONE NUMBER	BEST TIME TO CALL	OCCUPATION
1.			
2.			
3.			

## APPLICANT'S STATEMENT

I certify that answers given herein are 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 period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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 the Employer may discharge 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 understand, also, that I am required to abide by all rules and regulations of the Employer.

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

\_\_\_\_\_  
Date

**ADDITIONAL INFORMATION**

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

Do you have a valid driver’s license?     Yes     No \_\_\_\_\_  
*(If no, please explain)*

If yes, are you able to provide the Declaration page of your vehicle insurance?  Yes     No  
\_\_\_\_\_  
*(If no, please explain)*

Are you able to lift up to 50lbs.?  Yes     No  
\_\_\_\_\_  
*(If no, please explain)*

Please list any proficient computer skills you have and office equipment you operate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any professional organizations you belong to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any pertinent information that would be relevant to you for performing the duties of this job (physical limitations, allergies, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

To perform this position successfully, an individual must be able to perform each essential duty satisfactorily. Reasonable accommodations will be made to enable individuals with disabilities to perform the essential functions; however, the individual must be able to perform all essential job functions with such accommodations. The accommodations I would need to perform the duties of this position are:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

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