



EMPLOYMENT APPLICATION

(PLEASE PRINT IN INK)

IFC is an equal opportunity employer and enthusiastically embraces its responsibility to comply with the letter and spirit of the law prohibiting employment discrimination based on race, age, color, gender, gender expression, religion, national origin, ancestry, marital status, family responsibilities, sexual orientation, veteran status, and disability.

Position Applied For: _____ Date of Application: _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

Phone: _____ Alt. Phone: _____ Email: _____

Date available to start work: _____

Are you eligible to work in the US? Yes No

Are you over the age of 18 years? Yes No

Can you, with or without reasonable accommodation, perform the essential functions of this job? Yes No
(If you have questions about the functions of the job, please ask before answering this question.)

EMPLOYMENT HISTORY Begin with current or most recent employer. Include employment for the past 10 years (or more, if relevant); attach another sheet if necessary.

Name of Organization	<u>Employment Dates</u> From: To:	Name and Title of Supervisor
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Address

Phone number of Supervisor	List your position(s), indicate # of hours per week, and briefly describe duties:
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Reason for leaving:

May we contact the supervisor listed for this position? Yes No

Name of Organization	<u>Employment Dates</u> From: To:	Name and Title of Supervisor
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Address

Phone number of Supervisor	List your position(s), indicate # of hours per week, and briefly describe duties:
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Reason for leaving:

May we contact the supervisor listed for this position? Yes No

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	From:	
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Phone number of Supervisor	List your position(s), indicate number of hours per week, and briefly describe duties:
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Reason for leaving:

May we contact the supervisor listed for this position? Yes No

OTHER RELEVANT INFORMATION

Please provide additional information that will help us in considering your application for employment (education, volunteer work, special training, awards, etc).

REFERENCES

Please list 3-5 people who can provide professional references.

NAME	EMAIL/PHONE	RELATIONSHIP

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION
PLEASE READ CAREFULLY BEFORE SIGNING.

I hereby certify that all of the information provided by me in this application or any other accompanying or required documents is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by the Inter-Faith Council for Social Service (IFC) that such employment with IFC is at will, for no specified duration and may be terminated by either IFC or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of IFC or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of IFC except the Executive Director has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements, and that any such agreements must be made in writing and signed by the Executive Director of IFC.

In consideration for employment with IFC, if employed, I agree to conform to the rules, regulations, policies and procedures of IFC at all times, and understand that such compliance is a condition of employment. I understand that due to the nature of IFC operations, attendance and punctuality are considered essential requirements of every job here, and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with IFC, I will be required to submit to a background check as a condition of employment. *Results obtained from background checks do not necessarily disqualify an applicant from employment.*

I hereby authorize any and all schools, former employers, references, and others who have information about me to provide such information to IFC and/or any of its representatives, and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for six months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Printed Name

Signature

Date

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