



OPEN HAND EMPLOYMENT APPLICATION

Our Organization is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status, any disability as defined in the Americans With Disabilities Act, or for any other reason protected by State or Federal law.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner or no action can be taken on this application.

PERSONAL INFORMATION	
Name (Last, First, MI)	Date:
Street address	Date of Birth
City, State, Zip	Email Address
Home phone number:	Cell phone number:
Social security number:	Driver's license or ID number/state/expiration:
Are you a citizen of the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of any crime within the last 10 years (excluding minor traffic violations) including driving under the influence of alcohol or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state the offense, location, date and disposition: _____	
Do you have the ability with or without reasonable accommodations to work overtime or to travel if travel and/or overtime are required by the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYMENT DESIRED	
Position applied for:	Salary Desired:
How did you hear about this position?	
Date available for work:	Desired hours (full time, part time, etc.)
Have you ever worked for our organization before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state when and where you worked. _____	
Are there any days or hours you would be unable or unwilling to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify those days or hours you would be unable or unwilling to work:	



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EDUCATION

	Name and Address of School	Course of Study	Total Years of Study	Degree/diploma
High School				
Undergraduate College				
Graduate/Professional				
Other (specify)				

List any seminars, classes or other education not listed above which may help qualify you for this position.

MILITARY HISTORY

Have you ever served in the Military? _____Yes _____No

If yes, what duties, training, or experience did you have while in the military which may be job related?

CAPABILITY/RELIABILITY

Would you be willing and able to perform all of the tasks required by the job you are applying for?

_____Yes _____No

If not, explain which tasks _____

Have you filed any type of fraudulent claim against any of your present or past employers? _____Yes _____No

If Yes, please explain _____

How many times have you been late for work in the last two years? _____

How many days of work have you missed in the last two years? _____

Consistent attendance and punctuality are essential requirements of every job in our organization.

Would you be willing and able to report to work on time every day on a regular and consistent basis? _____Yes _____No

If No, please explain _____

Have you ever been disciplined or received verbal or written warnings for absenteeism or tardiness? _____Yes _____No

If Yes, please explain _____

Have you ever been fired, or asked to resign from a job? _____Yes _____No

If Yes, please explain _____



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EMPLOYMENT HISTORY

List all employers from the last ten years starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

May we contact your current employer? Yes No

Employer	Start Date	End Date	Essential job functions of final position
Address			1.
City, State, ZIP	Starting Salary	Ending Salary	2.
Phone number			3.
Job Title			4.
Supervisor's Name	Supervisor's Phone#		
Reason(s) for leaving			

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SUPPLEMENTAL EMPLOYMENT INFORMATION

If you worked in any of your previous positions under another name, please give that name(s) below. (For reference checking purposes)

Name _____ Company _____

Name _____ Company _____

Special Skills

What languages do you speak fluently? _____

Please list all software programs in which you are proficient, indicating how many years work experience you have with each.

List other computer skills, programming languages, or computer training you have.

Use this space below to describe why you are interested in working for our organization and to list those skills and abilities which you feel particularly qualify you for a position with us.

PROFESSIONAL REFERENCES – *not relatives or friends*

Name	Email Address	Phone	Years Known

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed any false, misleading or otherwise incorrect statements made on the application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize the Organization to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the Organization. I understand that the taking of drug and alcohol tests, when given pursuant to organization policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody in the Organization is authorized to enter into any written or verbal employment contract with me for any definite period of time without the express written consent of the Executive Director of the Organization. I also understand that my employment is "at-will" and may be terminated by myself or by the organization at any time for any reason or no reason.

Signature _____ Date _____

NOTE: This application is valid for one year from date of signing. Candidates must submit a new application after one year.

COMPANY USE ONLY

Interviewed by: _____

Interviewer's Remarks: _____
