

Employment Application – Director of Marketing and Development

Habitat for Humanity of Kanawha and Putnam County, Inc. (HFHKP) is an equal opportunity employer. HFHKP does not discriminate with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by applicable law.

This application will be considered, but its submission/receipt does not imply that the applicant will be employed.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name _____

Date _____

Address _____

E-mail _____

Phone _____

Have you ever gone by a different name or nickname? Yes No

If yes, what name? _____

Are you eligible to work in the U.S? Yes No

Are you at least 18 years old? (If no, you may be required to provide authorization to work.) Yes No

If yes, state the offense, location, date, and disposition: _____

Please note that conviction will not necessarily disqualify you from employment.

Have you ever been terminated from employment or asked to resign by an employer?
 Yes No

If yes, please provide company names and details.

Have you ever been convicted of a felony or DUI? Yes No

Can you work any shift or any day of the week? Yes No

If no, explain: _____

Can you work overtime, including weekends? Yes No

Do you have any obligations or other reasons which would limit your ability to travel or work overtime or on weekends? Yes No

If yes, explain _____

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

Are you currently employed? Yes No

If so may we inquire of your present employer? Yes No

REFERRAL SOURCE

How did you hear about HFHKP? _____

Have you ever worked for HFHKP before? Yes No

If yes, please explain _____

Do you know anyone who works for HFHKP? Yes No

If yes, who? _____

EDUCATION	Name and location of school	No. of yrs. Attended	Degree Received	Subjects studied/Major
High School				
College or University				
Trade, Business or Correspondence School				

EMPLOYMENT HISTORY Include your last five (5) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration. Attach additional pages if necessary.*

Employer: _____

Start Date: _____ End Date: _____

Title: _____

Job Duties and Responsibilities: _____

Immediate Supervisor and Title: _____

Supervisor Contact Information: _____

Reason for Leaving: _____

Employer: _____

Start Date: _____ End Date: _____

Title: _____

Job Duties and Responsibilities: _____

Immediate Supervisor and Title: _____

Supervisor Contact Information: _____

Reason for Leaving: _____

Employer: _____

Start Date: _____ End Date: _____

Title: _____

Job Duties and Responsibilities: _____

Immediate Supervisor and Title: _____

Supervisor Contact Information: _____

Reason for Leaving: _____

Describe any special skills, experience, or training that would enhance your ability to perform the position.

PROFESSIONAL REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name, Address, Phone, Email, Relationship, Years Known

- 1. _____

- 2. _____

- 3. _____

Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for HFHKP to hire me. If I am hired, I understand that either HFHKP or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of HFHKP has the authority to make any assurance to the contrary. I further understand that if I am hired, that neither this application, nor any other document or oral representation, shall constitute a contract of continued employment or any other type of contract.

I attest with my signature below that I have given to HFHKP true and complete information on this application and any other information that I provide. No requested information has been concealed. I authorize HFHKP to contact references provided for employment reference checks and to complete background checks, including but not limited to sex offender registry, criminal, and financial background. If any information I have provided is untrue or incomplete, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.