



**OTSEGO-ANTRIM HABITAT FOR HUMANITY  
EMPLOYMENT APPLICATION**

**Otsego-Antrim Habitat for Humanity** is an Equal Opportunity Employer and all applicants are considered without regard to age, color, disability, gender or gender identity, height, marital status, national origin, race, religion, sexual orientation, veteran status, or weight, nor as state or federal law otherwise prohibits.

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**Please fill out ALL of the sections below:**

**Applicant Information:**

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
**\*Prior Address** (if less than 1 year at current address): \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**Employment Position:**

Position that you are seeking: \_\_\_\_\_  
How did you hear about this position? \_\_\_\_\_  
What days are you available? \_\_\_\_\_  
What hours or shifts are you available to work? \_\_\_\_\_  
If needed, are you available to work overtime? \_\_\_\_\_  
On what date can you start working if hired? \_\_\_\_\_  
Do you have reliable transportation to and from work? \_\_\_\_\_

**Personal Information:**

Have you ever applied to or worked for Habitat for Humanity? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, where, when and what position? \_\_\_\_\_  
Do you have any friends, relatives, or acquaintances working for Otsego-Antrim Habitat for Humanity? \_\_\_\_\_  
Are you 18 years or older? \_\_\_\_\_  
Are you a U.S. Citizen approved to work in the United States? \_\_\_\_\_  
What document can you provide as proof of citizenship or legal status? \_\_\_\_\_  
Will you consent to a mandatory controlled substance test? \_\_\_\_\_  
Will you consent to a background check? \* \_\_\_\_\_

\*You will be provided a disclosure before signing that you agree to a criminal background check.

Are you able to lift over 50 lbs., and/or do you have any condition, which would require job accommodations? \_\_\_\_\_  
If yes please describe accommodations required: \_\_\_\_\_

(NOTE: Otsego-Antrim Habitat for Humanity complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional).

Have you ever been convicted of a criminal offense (felony or misdemeanor)? If yes, please state the nature of the crime(s) when and where convicted and disposition of the case: \_\_\_\_\_

**Job Skills/Qualifications:**

Please list below the skills, qualifications and any community involvement that you believe provide you the knowledge, skills, or abilities for the position of which you are applying: \_\_\_\_\_

**Education & Training:**

**High School**

Name	Location (City/State)	Year Graduated	Degree Obtained

**College/University**

Name	Location (City/State)	Year Graduated	Degree Obtained

**Vocational School/Specialized Training**

Name	Location (City/State)	Year Graduated	Degree Obtained

**Military:**

Are you a member of the Armed Services? \_\_\_\_\_ If so, what branch did you enlist? \_\_\_\_\_  
What military skills do you possess that would be an asset to this position? \_\_\_\_\_

**Previous Employment:** If you are applying to become a driver for the Habitat ReStore, as an applicant you have rights concerning information obtained from a previous employer. Those rights include: 1) Review of information obtained, 2) Ask a previous employer to change or correct information and 3) Submit a rebuttal statement to a previous employer which must accompany any information the previous employer sends out.

**Employer Name:** \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Employer Telephone: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 May we contact employer? \_\_\_\_\_

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 Supervisor's Name: \_\_\_\_\_  
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 Employer Telephone: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 May we contact employer? \_\_\_\_\_

**Reference/Contact Information** (Please include two professional and one personal reference):

<u>Name</u>	<u>Reference Type</u>	<u>Phone Number</u>
	<b>Professional</b>	
	<b>Professional</b>	
	<b>Personal</b>	

**AT-WILL EMPLOYMENT:**

I CERTIFY THAT ALL THE INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FORGOING.

OTSEGO - ANTRIM HABITAT FOR HUMANITY AND RESTORE(S), SCREENS ALL POTENTIAL STAFF (WHETHER PAID OR UNPAID), BOARD MEMBERS, APPLICANT FAMILIES AND KEY VOLUNTEERS ON THE NATIONAL SEX OFFENDER PUBLIC REGISTRY. BY COMPLETING THIS APPLICATION, YOU ARE SUBMITTING TO SUCH INQUIRY.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant Printed Name**

Form Updated 02/03/2020 | LAJ