



Shelter, Inc.
 P.O. Box 797
 Alpena, MI 49707
Application for Staff Employment
 An Equal Opportunity Employer

Personal Information

DATE _____

Name _____ Social Security Number _____
 (Last) (First) (Middle)

Address _____ City _____ State _____ Zip _____

Phone Number _____ Are you at least 18 years of age? yes no If no, date of birth _____

Are you a U.S. citizen or are you authorized to work in the U.S.? yes no

Have you ever applied to a Shelter, Inc. Program? yes no If yes, when? _____

Have you ever been employed by a Shelter, Inc. Program? yes no If yes, give dates, position, department:

How did you become aware of this opening? (please check one) newspaper or other periodical (which one?) _____
 Job Opportunities bulletin employee referral
 Job Line
 other (please explain) _____

Position Information

full time _____
 part time _____ Date available for employment _____
 on-call _____
 temporary _____ Salary desired _____

Position for which you are applying _____ Department/Division _____

Education (supply names and addresses of schools attended)

Circle highest grade completed: _____ 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

	Dates attended	Did you graduate? (yes/no)	Degree or License Received	Major/Minor or Specialization
High School				
College				
Post Graduate				
Trade, Business or Correspondence School				

Member of the following professional organizations _____

Describe any skills or experiences which may assist you in performing the job for which you are applying _____

Do you have computer skills/experience?

Specify software/programs: _____

Shelter, Inc. is an Equal Opportunity Employer/Service Provider
Information Presented on This Form can be Made Available on Audio Cassette Upon Request

EMPLOYMENT HISTORY

If you are currently employed, may we contact your present employer? yes no

List your present or most recent employer first; please include experience gained through volunteer work.

From (Mo-Yr)	To (Mo-Yr)	Job Title or Occupation	Salary: Start	End
Employer Name and Address			Phone Number	
			Supervisor Name	

Description of Duties:

Reason for Leaving: _____

From (Mo-Yr)	To (Mo-Yr)	Job Title or Occupation	Salary: Start	End
Employer Name and Address			Phone Number	
			Supervisor Name	

Description of Duties:

Reason for Leaving: _____

From (Mo-Yr)	To (Mo-Yr)	Job Title or Occupation	Salary: Start	End
Employer Name and Address			Phone Number	
			Supervisor Name	

Description of Duties:

Reason for Leaving: _____

<p>A. Have you used another name while employed (Other than name used on the application)? <u>yes</u> <u>no</u> If yes, please indicate: _____</p> <p>B. List all convictions for any offense other than minor traffic violations, and all pending criminal charges (No applicant will be denied a position because of a conviction for any offense, or because of a pending criminal charge, which is not substantially related to the circumstances of the job(s) sought). _____ _____ _____</p>	<p>I certify that the facts in this application are true and complete to the best of my knowledge. I authorize Shelter, Inc. to investigate the statements I have made herein and I release the agency and its representatives for their acts performed in connection with investigating my application and qualifications. I further authorize any party listed in this application to release any information they have about me to Shelter, Inc. and I release them and their representatives from any and all liability for providing such information. I understand that if any of the information in this application is false or misleading, Shelter, Inc. may deny my employment or terminate my employment, and I agree that Shelter, Inc. will not be liable if it does so. I understand that under federal law, employment must be terminated for failure to present documentation establishing my identity and eligibility for U.S. employment within the designated time limits following my acceptance of any offer of employment. I understand that if I am employed, I will be an employee-at-will, and my employment can be terminated at will by me or by Shelter, Inc. without cause.</p>
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If Submitting via e-mail, your typed name will be treated as your signature

signature

date

VOLUNTARY APPLICANT DISCLOSURE RECORD

Shelter, Inc. is required by the Federal, State and foundations/agencies contract compliance requirements to collect and report certain information on all applicants as part of the agency=s commitment to quality services and equal opportunity employment policies and practices. To assist in this, we would appreciate your completion of this disclosure record. Your provision of this information is required in order to facilitate a criminal background check. This information will be kept in strict compliance with confidential practices as prescribed by law.

(please print)

Date: _____

Name: _____ Address: _____

Date of Birth: _____ Social Security #: _____

Position for which you are applying: _____

Drivers License/State ID Number: _____

List any other names you have used (i.e. maiden name, previous married names): _____

SEX: Female

Male

RACE/ETHNICITY:

American Indian/Alaskan Native

Asian/Pacific Islander

Black/Non Hispanic

Hispanic

White/Non Hispanic

(signature)

(date)

By signing this application disclosure form, you are indicating your understanding that the information provided is true to the best of your knowledge and that your provision of this information is voluntary.