



Human Rights Education Institute

Application for Employment

An Equal Opportunity Employer

To be considered an applicant, you must complete this form. A resume attachment is recommended. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for your signature. This application is to fill the current open positions only.

Personal Information:					
Name:					
	Last	First	Middle	Other Names Used	
Address:					
	Street	City	State	Zip	
Telephone: () () ()					
	Home	Cell	Message		
Email Address:					
Webpage Address(es):					
Position Applying For:					
Job Title:					
Are you applying for:			What shifts will you work?		
<input type="checkbox"/> F/T	<input type="checkbox"/> P/T	<input type="checkbox"/> Temp/Seasonal	<input type="checkbox"/> Independent Contractor	<input type="checkbox"/> Days	<input type="checkbox"/> Nights
Available Start Date:					
Are you legally eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> (Federal Law requires proof of identity and employment authorization for all new employees.)					
Can you travel if the job requires it? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> State: _____					
Education/Training					
<u>School</u>	<u>Name</u>	<u>Location</u>	<u>Dates Attended</u> <u>From / To:</u>	<u>Diploma, Degree</u> <u>& Major</u>	<u>Graduated?</u>
High School					
College					
Other (Business, Vocational, Military)					

Employment History (Please Start With the Most Recent, Ending With Age 18, Use Additional Paper as Necessary.):

Employer:			
Address:			
Street	City	State	Zip
Telephone: ()		Supervisor Name:	
Dates of Employment		Final Rate of Pay:	
From:	To:		
Position Held:		May We Contact This Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Primary Duties:			
Reason for Leaving:			

Next Employer:

Employer:			
Address:			
Street	City	State	Zip
Telephone: ()		Supervisor Name:	
Dates of Employment		Final Rate of Pay:	
From:	To:		
Position Held:			
Primary Duties:			
Reason for Leaving:			

Next Employer:

Employer:			
Address:			
Street	City	State	Zip
Telephone: ()		Supervisor Name:	
Dates of Employment		Final Rate of Pay:	
From:	To:		
Position Held:			
Primary Duties:			
Reason for Leaving:			

Technology Skills (List All Skills & Software Applications You Have Experience Using):

Word Processing:	Spreadsheet:
Other Software:	Database:
Microsoft Office? Yes <input type="checkbox"/> No <input type="checkbox"/>	PowerPoint? Yes <input type="checkbox"/> No <input type="checkbox"/>
Social Media/Web Page:	Digital Phone Systems? Yes <input type="checkbox"/> No <input type="checkbox"/>
Scanner? Yes <input type="checkbox"/> No <input type="checkbox"/>	Copier? Yes <input type="checkbox"/> No <input type="checkbox"/>
Explain Internet Skills, Including Email Usage:	
Professional Licenses or Certificates Held:	

Personal Reference (Please list the names of three (3) persons not related to you by blood or marriage.)

Name:

Last	First	Middle
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Address:

Street	City	State	Zip
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Telephone: () ()

Home	Other
------	-------

Connection To You (i.e. friend, co-worker): | Occupation:

Personal Reference

Name:

Last	First	Middle
------	-------	--------

Address:

Street	City	State	Zip
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Telephone: () ()

Home	Other
------	-------

Connection To You (i.e. friend, co-worker): | Occupation:

Personal Reference

Name:

Last	First	Middle
------	-------	--------

Address:

Street	City	State	Zip
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Telephone: () ()

Home	Other
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Connection To You (i.e. friend, co-worker): | Occupation:

Background Verification

Do you consent to a routine check of your criminal records? Yes No

Have you ever been charged with a crime (other than a minor traffic infraction)?
If yes, when & where:
Please Explain:

Are you related by blood or marriage to any person now employed by Employer? Yes No
If yes, give name and relationship to you:

CERTIFICATION

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment may be terminated.

I understand and agree that, if hired, my employment is for no definite period and either Employer or I may terminate our relationship at any time, and that this employment application does not constitute an employment contract.

Signature of Applicant: _____ Date: _____

IT IS THE POLICY of the Human Rights Education Institute to provide equal opportunity in all terms, conditions and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, gender or age (unless a bona fide job requirement) or the presence of any disability. Reasonable accommodations will be made for disabled persons.

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, an applicant for employment with the Human Rights Education Institute, do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorize agent of the Human Rights Education Institute, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records and information of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, either criminal or civil, in which I have, or have had any interest or involvement.

I understand that any information obtained during any personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization will be considered in determining my suitability for employment by the Human Rights Education Institute. I hereby agree that any person(s) or entities who may furnish such information concerning me shall not be held liable for providing this information; and I do hereby release said person(s) and entities from any and all liability which may be incurred as a result of furnishing such information.

I further authorize that a photocopy of this signed release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature

Witness

DATED: _____

Printed Name, including all names I have previously used or been known by:

Phone: _____

DOB: _____