

**AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

MidPen Housing qualified applicants are considered for employment without regard to race, color, creed, religion, ancestry, age, sex, marital status, national origin, sexual orientation, gender identity, disability or handicap, veteran status, or any other characteristic protected by applicable law.

**EMPLOYMENT APPLICATION**

Your interest in MidPen and its affiliates is appreciated. A clear understanding of your background and employment history will help us to evaluate your qualifications for employment. **Please print and answer all questions completely.**

**A. APPLICANT'S NAME AND ADDRESS (Please Print Legal Name)**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Initial: \_\_\_\_\_  
 Today's Date: \_\_\_/\_\_\_/\_\_\_ Date Available for Work: \_\_\_/\_\_\_/\_\_\_ Last four digits SSN#: \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 Permanent Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone: Days (\_\_\_) \_\_\_\_\_ Evenings (\_\_\_) \_\_\_\_\_ Cell (\_\_\_) \_\_\_\_\_ Best time to call you? \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Are you over 18 years of age? (If not, a work permit will be required)  Yes  No  
 If hired, would you have a reliable means of transportation to and from work?  Yes  No  
 Are you licensed to drive?  Yes  No If Yes, in what state? \_\_\_\_\_  
 If hired, can you provide proof of identity and legal authorization to work in the U.S?  Yes  No

Other name(s) under which you have been previously employed or attended school.  
 \_\_\_\_\_

Names of friends or relatives employed in this organization and their work locations.  
 \_\_\_\_\_

Have you ever applied to this organization before?  Yes  No

If Yes, give date and position applied for \_\_\_\_\_

Have you ever been employed by our organization before?  Yes  No

If Yes, give dates of employment and position(s) held \_\_\_\_\_

**B. EMPLOYMENT INTERESTS**

Position applying for: \_\_\_\_\_

Type of employment you are seeking:       Full-Time       Part-Time       Temporary

Schedules you can work:       Day       Evening       Night

Are you able to work overtime when needed?       Yes     No

How were you referred to our organization? \_\_\_\_\_

Name of referral source: \_\_\_\_\_

Have you ever been terminated or asked to resign? If yes, please explain.       Yes     No

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

**C. Education & Training**

Name & Address of School	Major	# of Years Completed	Degree, Diploma or Certificate
High School			
College/University			
Other			

Professional Certificates or Licenses Held \_\_\_\_\_

Are you taking any educational or training courses presently?

Yes     No    If Yes, what courses and where? \_\_\_\_\_

**D. EMPLOYMENT HISTORY**

**Please give your complete employment history by listing your current or most recent employer first.** Show unemployed or self-employed periods and indicate dates and comment on each period. Also, include part-time or summer work. If necessary, you use extra sheets for additional information.

1. Current Employer: \_\_\_\_\_ Dates: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
 Position: \_\_\_\_\_  FT     PT    Number of Hrs. \_\_\_\_\_  
 Description of Duties: \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name and Phone Number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Dates: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
 Position: \_\_\_\_\_  FT     PT    Number of Hrs. \_\_\_\_\_  
 Description of Duties: \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name and Phone Number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3. Employer: \_\_\_\_\_ Dates: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
 Position: \_\_\_\_\_  FT  PT Number of Hrs. \_\_\_\_\_  
 Description of Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_  
 Supervisor's Name and Phone Number: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

4. Employer: \_\_\_\_\_ Dates: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
 Position: \_\_\_\_\_  FT  PT Number of Hrs. \_\_\_\_\_  
 Description of Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_  
 Supervisor's Name and Phone Number: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

May we contact your former employers?  Yes  No  
 Are you currently employed?  Yes  No  
 If so, may we contact your current employer?  Yes  No

Please explain any gaps in employment.	
Dates	Reason

**F. References**

List people we may contact who are qualified to evaluate your capabilities. List professional references only. Do not include friends, family members or relatives.

Name	Address	City/State/Zip	Telephone	Occupation	Years Known

**G. Additional Information**

List any special skills, technical training/education, honors, certificates or licenses, that you possess which are relevant in evaluating your qualifications for employment.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **APPLICANT'S CERTIFICATION AND ACKNOWLEDGEMENT**

1. I hereby certify, under penalty of perjury, that all of the above information is truthful, accurate, and complete, and I understand that any misrepresentation, falsification or omission of information may result in rejecting my application for employment and, if hired, termination of my employment regardless of the time elapsed before discovery.
2. Submission of the application does not entitle me to be interviewed nor shall this application be construed as either an offer of employment or an obligation on the part of the Company to provide any benefit to me. This application shall be pending, unless withdrawn by me, until the Company makes a decision on whether or not to hire me. This application for employment is good for 30 days only. Consideration for employment after 30 days requires a new application.
3. I understand that any offer of employment regarding certain job positions may be conditioned on satisfactory completion of a medical examination and/or drug and alcohol screening. I agree to sign a release of medical information authorization form and to submit to a medical examination and/or drug and alcohol testing should the Company condition my offer of employment upon successful completion of such an examination or testing.
4. I authorize the Company to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications and suitability for employment. I further authorize my former employers, references, schools and any other organization to disclose to the Company (without giving me prior notice of such disclosure) any and all information about my previous employment and education, along with other pertinent information they may have.

In addition, I hereby release MidPen Housing Corporation affiliates, my former employers, references, and all other parties from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

5. I expressly agree and understand that, if employed, my employment is for an unspecified term and is at-will. Therefore, my employment can be terminated, with or without cause, and with or without prior notice, at any time, at my option or at the Company's option. Although other terms or conditions of employment may change, this at-will employment relationship will remain in effect throughout my employment. I also understand that this aspect of my employment, which includes the Company's right to demote or otherwise discipline with or without cause or notice, may not be changed, modified, amended or rescinded except by an individual written agreement signed by both me and the Executive Director of MidPen.
6. Except as required in the performance of my duties, I understand and agree that if I am hired I will not at any time during or after my employment use, disclose or disseminate any confidential information or any other information of a secret, proprietary, or generally undisclosed nature relating to the Company, or its products, services, customers, employees, plans or procedures. I agree to deliver to the Company any and all copies of confidential information, or other Company property, upon termination of the employment relationship or at any time upon the Company's request. I also agree not to solicit customers or employees of the Company either during my employment or after my employment termination.
7. The statements above supersede and replace any prior understandings or discussions I have had with the Company and set forth the complete agreement between the Company and me regarding these matters.

**I certify that I have read, fully understand and accept all of the above terms and statements.**

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Signature of Applicant

Date