



Application for Employment

International Aid is an equal opportunity employer and we do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law.

Date: _____ **Position Desired:** _____

Name: _____
 (Last) (First) (Middle)

Address: _____

Telephone: (Home) _____ **(Business)** _____

E-mail: _____

When will you be available to begin work? _____ **Salary expected:** _____

Are you available to work overtime any day of the week? Yes _____ No _____

Can you legally be employed in the United States? Yes _____ No _____

Have you ever been convicted of a felony? If "Yes", describe in full on an additional sheet.
 Yes _____ No _____

Have you ever applied for employment with us? Yes _____ No _____

Describe briefly why you are interested in working for a Christian Relief and Development organization.

Names of relative or friends working or volunteering for us: _____

Special training or skills (languages, machine operation, etc.)

EDUCATION AND TRAINING (include military training)

Education/Training (List name & location)	Subjects Studied (List major & minor, if applicable)	Units Taken	Degree Received (AA, BS, MS, Ph.D., etc.)

Professional/Technical Licenses/Certificates

Type of License or Certificate	Lic/Cert #	State/Organization Issued By	Expiration Date

EMPLOYMENT RECORD

List your present or most recent employer first. You may attach additional information.

Do you wish to be notified before we contact your current or previous employers? Yes _____ No _____

Employer: _____ **Address:** _____

Immediate Supervisor & Title: _____ **Telephone:** _____

Your Job Title: _____ **Dates Employed From:** _____ **To:** _____

Job Duties (brief statement; be sure to list all duties related to this position):

Reason for leaving (other than military): _____ Salary: \$ _____

Employer: _____ **Address:** _____

Immediate Supervisor & Title: _____ **Telephone:** _____

Your Job Title: _____ **Dates Employed From:** _____ **To:** _____

Job Duties (brief statement; be sure to list all duties related to this position):

Reason for leaving (other than military): _____ Salary: \$ _____

Employer: _____ **Address:** _____

Immediate Supervisor & Title: _____ **Telephone:** _____

Your Job Title: _____ **Dates Employed From:** _____ **To:** _____

Job Duties (brief statement; be sure to list all duties related to this position):

Reason for leaving (other than military): _____ Salary: \$ _____

WORK RELATED PROFESSIONAL AND CIVIC ACTIVITIES:

REFERENCES: please submit 3 non-relative references who have known you for at least 2 years.

Name:	address:	phone:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

If you wish to submit a resume, you may attach it to this application, but in addition, you must complete this application and answer all questions, even those which relate to information on your resume.

APPLICANT STATEMENT I UNDERSTAND AND AGREE TO THE FOLLOWING:

I acknowledge that this application is not a contract of employment. International Aid follows an "at will" employment policy, meaning I or the employer may terminate employment at any time for any reason consistent with applicable law.

Should International Aid hire me and at any time should any of the information I have given in this application be found false, misleading, or incomplete, I understand I may be discharged.

If I am selected for hire, I will be offered employment provided I certify and produce applicable documentation that I am authorized to work as required by the Immigration Reform and Control Act of 1986.

In the event of my employment with IA, I agree to comply with all rules, regulations, policies, and communications directed to employees, including any changes made from time to time.

I agree to submit to a physical examination before and during my employment by a health care professional at the request and expense of IA and I agree to disclose completely all information requested at such examinations about my physical condition and medical history. I also agree that before and during my employment I will cooperate in such medical tests as IA requests to check for drugs or alcohol in my system, or for any other physical condition.

I authorize investigation of all statements given on this application. International Aid may contact any educational institution, reference, or employer listed on this application, except my current employer if so noted, to verify the information I have given. I hereby release all involved parties from any liability arising from such an investigation.

I certify that all the information given in this application is complete and true and I acknowledge by my signature that I have been given adequate time to read, complete, and review my application have knowingly and voluntarily agreed to these terms of employment.

Signature: _____ Date: _____

NOTE: Please be advised that your application will go into our inactive file 180 business days from the date of application. In order for you to keep your application current it will be necessary for you to inform our human resources office in writing, prior to the expiration of the 180 day period that you wish to remain on the company's active applicant list. If, at the end of the 180 day period, we have not received written notice from you, your name will be taken off the active applicant list and you will not be considered for employment when a vacancy occurs. Should you contact International Aid after the expired period, you will be treated as a new applicant.