



APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons.
Those applicants requiring accommodation to the application and/or interview
process should contact a representative of the Human Resources Department.

Date of Application _____

Name _____

Street _____

City _____ State _____ Zip Code _____

Home Telephone () _____ When is the best time to call? _____ AM PM

Cellular Telephone () _____ When is the best time to call? _____ AM PM

Business Telephone () _____ When is the best time to call? _____ AM PM

May we contact you at work? YES NO

E-mail Address _____

How were you referred to us? Advertisement School
 Employee Private Employment Agency
 Relative Internet
 On my own Other _____

Name of referral source (if applicable) _____

PLEASE NOTE

This application form was designed for use by applicants for various positions: clerical, professional, technical and administrative. Please include a resume if available. Answer questions to the best of your ability. All information will be treated confidentially.

Electronic employment application available on-line at www.salvationarmycareers.org

AN EQUAL OPPORTUNITY EMPLOYER

TYPE OF WORK DESIRED

Indicate the position for which you are applying: _____

If you are applying for a driver position, please indicate what size vehicle you are applying to drive:

- under 10,000 lbs 10,000 - 26,000 lbs over 26,000 lbs

Type of employment desired: Full-Time Part-Time Temporary Seasonal

What is your minimum salary requirement? _____ Date available to work: _____

Do you have any commitments to another employer that might affect your employment with us, including confidentiality, non-disclosure or non-competition agreements or do you have or anticipate having another job, part-time or otherwise, if employed by The Salvation Army? Yes No

If yes, please explain _____

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that might qualify you as being able to perform job-related functions for the position for which you are applying.

EDUCATIONAL DATA

List last three (3) schools attended, starting with the most recent.

School	No. of Years Completed	Degree or Diploma	GPA or Class Rank	Major/Minor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYMENT HISTORY

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. **If you are applying for a driver position, please list all employers for the past ten years.**
(Summarize and attach as a separate document, as necessary.)

Employer: _____	Immediate Supervisor's Name: _____
Address: _____	Your Job Title: _____
_____	Dates Employed: From: _____ Mo./Yr.
Telephone Number: _____	To: _____ Mo./Yr.
Hourly Rate/ Salary Starting Final	Summarize the nature of the work performed by you and your job responsibilities
_____	_____
_____	_____
Reason for Leaving: _____	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later

Employer: _____	Immediate Supervisor's Name: _____
Address: _____	Your Job Title: _____
_____	Dates Employed: From: _____ Mo./Yr.
Telephone Number: _____	To: _____ Mo./Yr.
Hourly Rate/ Salary Starting Final	Summarize the nature of the work performed by you and your job responsibilities
_____	_____
_____	_____
Reason for Leaving: _____	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later

Employer: _____	Immediate Supervisor's Name: _____
Address: _____	Your Job Title: _____
_____	Dates Employed: From: _____ Mo./Yr.
Telephone Number: _____	To: _____ Mo./Yr.
Hourly Rate/ Salary Starting Final	Summarize the nature of the work performed by you and your job responsibilities
_____	_____
_____	_____
Reason for Leaving: _____	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later

Employer: _____	Immediate Supervisor's Name: _____
Address: _____	Your Job Title: _____
_____	Dates Employed: From: _____ Mo./Yr.
Telephone Number: _____	To: _____ Mo./Yr.
Hourly Rate/ Salary Starting Final	Summarize the nature of the work performed by you and your job responsibilities
_____	_____
_____	_____
Reason for Leaving: _____	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later

If you responded "No" to the question "May we contact for reference?" in the employment section above, please respond as to why: _____

Please explain any gaps in employment that may be present in your employment history:

GENERAL INFORMATION

Are you legally eligible for employment in the United States? Yes No

Are you below the age of 18? Yes No

Drivers License (if job related) - State issued: _____

Classification: Operator Chauffeur Commercial (CDL)

Church affiliation (if job related): _____

Have you **ever** been convicted of a felony? Yes No

Within the last two years, have you been convicted of a misdemeanor which resulted in imprisonment? Yes No

If yes to **either**, please explain: *(Note: A conviction will not necessarily disqualify you from the job requested)* _____

Have you previously applied for employment here? Yes No

If yes, give details: _____

Have you ever previously been employed by The Salvation Army? Yes No

If yes, where? _____

Give dates: From: _____ To: _____

Are you a former Officer? Yes No

If yes, give location of last appointment: _____

Have you ever been previously employed by The Salvation Army under a different name? Yes No

If yes, please list: _____

Do you have any relatives employed by The Salvation Army at the location to which you are applying?

Yes No If yes, please give their name, relationship to you, and department:

If you are to be seriously considered for a position with The Salvation Army, you may be asked for your authorization to run a background check and/or credit check. Would you be willing to authorize this?

Yes No **(NOTE:** Checking "Yes" does not constitute authorization to run a background investigation, it only says that you would be willing to sign such authorization forms.)

REFERENCES

List names and telephone numbers of four business/work references who are NOT related to you.

If not applicable, list four school or personal references who are NOT related to you.

Name	Telephone Number	Relationship
_____	()	_____
_____	()	_____
_____	()	_____
_____	()	_____

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, accomplishments, etc.

(You may exclude all information indicative of age, race, religion, color, national origin or disability.)

"I certify that the information contained in this application is true and complete. I authorize investigation of all statements contained in this application and understand that any false or misleading statements or material omissions are cause for termination of employment, if employed. I hereby authorize former and present employers except as I have otherwise indicated on this application, as well as physician, references and other sources to provide or verify any information that they may have regarding me or my employment with them to The Salvation Army, and release them from any liability arising from the furnishing of any employment information.

I further agree and understand that, except as governed by existing federal, state or local law, where applicable, my employment or an offer of employment establishes no guarantee of continued employment or obligation beyond pay for actual work performed at the agreed upon rate of pay and that my employment may be terminated at any time by myself or The Salvation Army, at either party's option and will."

(For applicants in Maryland: "Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.00.")

*Signature of Applicant _____ Date _____

*If Application is submitted electronically, signature of applicant is not required.

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

TEST RESULTS

Test Administered	Score
_____	_____
_____	_____
_____	_____
_____	_____

REFERENCE CHECKS

Person Contacted	Results
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

RECOMMEND: _____
Name _____

Start to work: _____ Job Title: _____

Salary: \$ _____ Per week or \$ _____ Per hour for _____ Hours per week

Which equates to \$ _____ Per annum Department: _____

To replace: _____ Who terminated: _____
Date _____ Date _____

Date: _____ Department Head _____

Comments: _____

REVIEWED

*APPROVED

*According to Salvation Army procedure for Unit(s) involved.

THQ/ARC/SFOT/DHQ/Command Unit

Personnel Administrator

Chief Secretary (SFOT/ARCC Hires Only)

