



The Salvation Army Central Territory Application for Employment

All qualified applicants will receive consideration for employment
without regard to race, color, sex, national origin, disability or protected veteran status.

To The Applicant: We appreciate your interest in The Salvation Army and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications, and to determine if such a position is available.

PERSONAL DATA

Name (*last, first, middle*) _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Phone () _____ Email _____

If employed, can you provide proof of authorization to work in the U.S.? Yes No

Have you been employed by The Salvation Army before? Yes No If yes, date(s): _____

Location(s) employed: _____ Supervisor Name(s): _____

Have you filed an application with The Salvation Army before? Yes No If yes, date(s): _____

Do you have any relatives that are either an employee or an officer of The Salvation Army? Yes No
If yes, name(s) and location(s): _____

EMPLOYMENT DESIRED

Position(s) and Location(s) applied for: _____

Type of work sought: Full-time Part-time Temporary/Seasonal

If Part-Time or Temporary/Seasonal, please specify hours and days desired: _____

Salary Desired: _____ Date available to start work: _____

EDUCATION & TRAINING

High School

Address _____

Diploma: Yes No G.E.D.: Yes No Years attended 1 2 3 4

Trade or Technical Training

Address

Degrees or Diplomas

Years attended 1 2 3 4

College/University

Address

Degrees or Diplomas

Years attended 1 2 3 4

Graduate School

Address

Degrees or Diplomas

Years Attended 1 2 3 4

PROFESSIONAL LICENSE(S) OR MEMBERSHIP(S)

Type of License(s) Held

Other Professional Memberships

(You need not disclose membership in professional organizations that may reveal information regarding race, color, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

SPECIAL SKILLS & QUALIFICATIONS

Summarize any special skills or qualifications that you acquired through employment or other experience that are applicable to the job that you are applying for:

EMPLOYMENT HISTORY

Begin with most recent employer. Attach additional sheet if needed.

I. Employer

Dates of Employment

Address

Phone ()

Ending Salary

Title/Duties

Supervisor's Name

Reason for Leaving

May we contact this employer? Yes No

2. Employer

Dates of Employment

Address

Phone ()

Ending Salary

Title/Duties

Supervisor's Name

Reason for Leaving

May we contact this employer? Yes No**3. Employer**

Dates of Employment

Address

Phone ()

Ending Salary

Title/Duties

Supervisor's Name

Reason for Leaving

May we contact this employer? Yes No**REFERENCES**

Please provide up to 4 professional and/or personal references.

	Name	Contact Information	Relationship
1			
2			
3			
4			

CRIMINAL HISTORY

PLEASE NOTE: Laws in Illinois, Minnesota, and Columbia, Missouri provide that applicants for employment in those locations are not required to complete this section of the application. However, where permitted by law, applicants may be asked to provide answers to these questions at a later time and/or submit to a criminal background check.

Have you ever been convicted of a felony?

Yes No

List and explain all felonies: _____

Have you been convicted of a misdemeanor(s) within the last two years which resulted in imprisonment/jail? Yes No

List and explain all applicable misdemeanors: _____

(Note: A conviction will not necessarily disqualify you from employment. You should not disclose any information regarding criminal arrest or conviction records that have been expunged or sealed.)

APPLICANT AUTHORIZATION AND SIGNATURE

I certify that all of my answers given here are true and complete to the best of my knowledge, and that supplying false information herein shall result in immediate disqualification for consideration for employment or termination from employment, regardless of when such false information is discovered. I authorize investigation of all statements contained in this application without any obligation to give me written notice of such investigation for employment as may be necessary in arriving at an employment decision; and I hereby agree to indemnify and hold harmless each and every current or prior employer in defending against any charge, complaint or suit filed with any Federal, State or local agency, or in any court of the State or Federal government for providing an accurate, factual history of employment information. I understand that neither this document nor any offer of employment from the employer constitutes an employment contract, unless a specific document to that effect is executed by the employer and employee in writing.

Michigan law requires employers to make reasonable accommodations to qualified handicapped applicants and employees where the employee makes their need known to the employer, requests accommodation and such accommodation does not impose an undue hardship on the employer. With respect to State of Michigan Persons with Disability claims, persons with disabilities and applicants must request an accommodation of their handicap by notifying The Salvation Army in writing of the need for accommodation within 182 days of the date the person with a disability knows or reasonably should know that an accommodation is needed. Failure to properly notify The Salvation Army will preclude any claim that the employer failed to accommodate the person with a disability, however, this does not waive your rights under the Americans With Disabilities Act of 1990, as amended.

I agree that any action (excluding governmental, statutory administrative proceedings) or suit against The Salvation Army arising out of or related to my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought, if at all, within the shorter of 180 days of the event giving rise to the claim or the applicable statute of limitations, or be forever barred. I waive any limitation periods to the contrary, with the exception being that this agreed to limitations period does not supersede the Federal Equal Employment Opportunity Commission or other applicable statutes or regulations that may extend this period as provided by law. I acknowledge that this 180 day limitation on actions forms an Agreement between myself and The Salvation Army.

Signature of Applicant

Date