



CAPE FEAR HABITAT FOR HUMANITY

CAREER APPLICATION

It is our policy to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap, or veteran status.

Application Information

Date		
First Name:	Last Name:	Middle:
Street Address:		
City:	State: NC	Zip Code:
Telephone Main:	Telephone #2:	
Email:	Date of Birth:	
Do you have a Valid North Carolina Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can you travel if a job required it? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you are under 18, and it is required, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? [] Yes [] No		
Have been convicted of a felony in the last 7 years or are you currently under indictment for a felony? [] Yes [] No If yes, please fully describe the circumstances:		

Position Applying For

Position Applying for:	Have you ever been employed here before?
How did you hear of this opening:	
Do you have any relatives working here? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Available Start Date:	
Desired Salary:	Desired Hourly Wage:
Type of Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	
Days Available: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat	
If you answered PT, Temporary or Seasonal what hours are you available:	

Employment History

List Present and former employers beginning with the most recent.

Company Name:	Start Date:	Beginning Salary:
Location:	End Date:	Ending Salary
Name of Supervisor:	Telephone:	
May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Position Title:		
Main Responsibilities:		
Reason for leaving:		
Company Name:	Start Date:	Beginning Salary:
Location:	End Date:	Ending Salary:
Name of Supervisor:	Telephone:	
May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Position Title:		



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Main Responsibilities:		
Reason for leaving:		
Education		
Company Name:	Start Date:	Beginning Salary:
Location:	End Date:	Ending Salary:
Name of Supervisor: May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone:
Position Title:		
Main Responsibilities:		
Reason for leaving:		
Education		
High School:	Year Graduated:	Degree Earned:
Technical/Trade School:	Year Graduated:	Degree Earned:
College/University:	Year Graduated:	Degree Earned:
Other:	Year Graduated:	Degree Earned:
Additional certificates, awards, and achievements:		

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements or omission of facts on this application shall be considered sufficient cause for dismissal. Cape Fear Habitat for Humanity is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment at this company is "at will," which means that Cape Fear Habitat for Humanity can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis.

I give permission to Cape Fear Habitat for Humanity to do a pre-screening drug test and criminal background check.

Signature _____ Date _____



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Voluntary Affirmative Action Information

Cape Fear Habitat for Humanity is an Equal Opportunity Employer. We consider all applicants for positions without regard to race, color, religion sex, national origin, citizenship, age mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations that may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulation.

Please Print

Position(s) applied for _____

Referral Source

- Walk-in Job Fair Government Employment Agency Private Employment Agency
- Employee Relative School
- Advertisement-Source _____

Name of person who referred you (if applicable) _____

Applicant Information

Name _____ Telephone () _____
Last First Middle

Address _____
Street City State Zip Code

- Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- White (not of Hispanic origin) Black (not of Hispanic origin) Hispanic
- American Indian/Alaskan Native Asian/Pacific Islander Multiracial (parents of different races)
- Do not wish to identify

For Administrative use Only

Position(s) applied for Available Not Available

Other positions considered for _____

Hired Yes No

Position hired for _____ Date of hire ____ / ____ / ____

From the EEO job classifications listed below, which one best describes the position filled?

- Officials and Managers Sales Workers Operatives (semi-skilled)
- Professionals Office and Clerical Workers Laborers (unskilled)
- Technicians Craft Workers (skilled) Service Workers

Notes _____

Completed by _____ Date ____ / ____ / ____

To be completed by applicant on a voluntary basis. Not for interview purposes. Will be detached from application form and kept in a separate file to which no one involved in the hiring process will have access.



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****THIS FORM IS VOLUNTARY ****

CERTIFICATION FOR APPLICANTS SEEKING SECTION 3 PREFERENCE IN TRAINING AND EMPLOYMENT OPPORTUNITIES

Cape Fear Habitat for Humanity receives federal funds through HUD's (U.S. Department of Housing and Urban Development) Self-Help Homeownership Opportunity Program (SHOP) and is required by federal law, to the greatest extent feasible, to provide job training and employment opportunities to Section 3 residents and contracting opportunities with Section 3 business concerns.

A Section 3 resident, as referenced below, is defined as: (1) a resident of a public housing project, or (2) a low- or very-low income person who resides in your metropolitan area or non-metropolitan county. Low-income persons are defined as households (including single persons) whose income does not exceed 80% of the Area Median Income (see chart below).

SECTION 3 INCOME LIMITS		
All residents of public housing developments of City of Wilmington Housing Authority (WHA) qualify as Section 3 residents.		
Additionally, individuals residing in New Hanover county who meet the income limits set forth below can also qualify for Section 3 status.		
NOTE: A picture identification card and proof of current residency is required.		
Eligibility Guideline		
Number in Household	Very Low Income	Low Income
1 individual	\$22,800	\$36,500
2 individuals	\$26,050	\$41,700
3 individuals	\$29,300	\$46,900
4 individuals	\$32,500	\$52,100
5 individuals	\$35,200	\$56,300
6 individuals	\$37,800	\$60,450
7 individuals	\$40,400	\$64,650
8 individuals	\$43,000	\$68,800

(Effective July 1, 2016)

A Section 3 resident seeking the preference in training and employment provided by federal law shall certify, or submit evidence to Cape Fear Habitat for Humanity, Habitat for Humanity International, HUD or a designee if requested, that the candidate is a Section 3 resident, as defined in Section 135.5.



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**** THIS FORM IS VOLUNTARY ****

Certification for Applicant Seeking Section 3 Preference in Training and Employment

I, _____, reside in (check one of the following):

- the city of Wilmington
- the county of New Hanover

My permanent address is:

Street Number Street Name Apt. #

City State Zip Code

(Check *at least* one of the following):

- I reside in a public housing development.
- I participate in a HUD YouthBuild program.
- I meet the income eligibility guidelines for a low- or very-low-income person as published on the reverse side of this form.

Check *at least* one of the boxes below and attach the appropriate documentation as evidence of your status:

- Copy of lease
- Copy of evidence of participation in a public assistance program
- Copy of evidence of participation in a HUD YouthBuild program
- Proof of income (i.e. recent tax return, pay stubs, child support, government assistance, etc.)
- Other evidence (specify):

I certify under penalty of perjury that the above and attached information is true and correct to the best of knowledge and belief and that I may face penalties for providing false information.

Print Name

Signature

Date



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This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:
Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  Done.

For more information on E-Verify, please contact DHS at:
1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA