

vir Habita	t for Huma	nity	Da	ate:		
	ory & Employment Appl sole basis for hiring decisions. Yo		l to furnish any ini	formation which is	s prohibited by federal,	
Position for which you	ı are applying:					
Compensation Range	expected or needed:	·				
Last Name	First Name	First Name Middle		Social Security Number		
Home Address	City	State	Zip Code	Area Code	Telephone #	
Business Address	City	State	Zip Code	Area Code	Telephone #	
E-Mail Address				<u>FAX</u> - Area Co	de Telephone#	
1 Rusinass Fynarianca	(Please start with your present	or most regent pes	ition)			
-	(Flease start with your present	•	,			
	State_					
Kind of Business		Employed fromto				
Title/Role	Initial Comp	Initial Compensation (Current Compensation		
Nature of Work						
Supervisory Responsibilit	ies					
Name and Title of your Im	mediate Supervisor					
What (do) (did) you like mos	st about your job?					
What (do) (did) you like <u>leas</u>	<u>st</u> about your job?					
Reason for leaving or desirir	ng a change in your employm	nent?				
<u>b.</u> Company		Address_				
City	State	Zip_	Pho	ne ()		
Kind of Business		Em _]	oloyed from		to	
Title/Role	Initial Comp	Initial Compensation Ending Compensation				
Nature of Work						
Supervisory Responsibilit	ies					

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Name and Title of your Immediate Supervisor_____

What (do) (did) you like most about your job?

What (do) (did) you like <u>least</u> about your job?_____

Reason for leaving or desiring a change in	n your employment?_					
c. Company	Address					
City	State	Zip	Phone ()			
Kind of Business		Emplo	yed from	to		
Title/Role	Initial Compens	sation	Ending Compe	nsation		
Nature of Work						
Supervisory Responsibilities						
Name and Title of your Immediate Sup	pervisor					
What (do) (did) you like most about your	job?					
What (do) (did) you like <u>least</u> about your	job?					
Reason for leaving or desiring a change in	n your employment?_					
Prior Career History						
D. Company	Your Title	Date Started	Initial Compensation	Reason for leaving		
City – State - Zip	Name of Supervisor	Date Left	Ending Compensation	Type of Work		
E. Company	Your Title	Date Started	Initial Compensation	Reason for leaving		
City – State - Zip	Name of Supervisor	Date Left	Ending Compensation	Type of Work		
F. Company	Your Title	Date Started	Initial Compensation	Reason for leaving		
City – State - Zip	Name of Supervisor	Date Left	Ending Compensation	Type of Work		
G. Company	Your Title	Date Started	Initial Compensation	Reason for leaving		
City – State - Zip	Name of Supervisor	Date Left	Ending Compensation	Type of Work		
II. <u>Military Experience</u> (if applic	cable)					
If in Service – Branch?		ate entered		Date discharged		
Nature of Duties						
Highest Rank or Grade		Terminal Rank or Grade				

III. Education

A. High School	Location
Approximate number in Graduating Class_	Your Rank from Top
Final Grade Point Average	(A=) Scores on SAT/ACT
Extracurricular Activities	
Offices / Honors / Awards	
Part-Time and Summer Work	
What (do) (did) you like most about High School?	?
What (do) (did) you like <u>least</u> about High School?	?
B. Undergraduate College or University	Location
Approximate number in Graduating Class	Your Rank from Top
Final Grade Point Average	(A=) Degree(s)
Extracurricular Activities	
Offices / Honors / Awards	
How did you finance your education?	
What Courses/Subjects (do) (did) you like most a	about College or University?
What Courses/Subjects (do) (did) you like <u>least</u> a	about College or University?
C. Graduate College or University	Location
Approximate number in Graduating Class	Your Rank from Top
Final Grade Point Average	(A=) Degree(s)
Extracurricular Activities / Offices / Honors /	/ Awards
How did you finance your Graduate education	on?
IV. <u>Activities and Interests</u>	
Memberships in Professional or job-relevant national origin, disability or any other protected status.)	t organizations? - (You may exclude groups that indicate race, color, religion,

Professional Licenses or Certifications, Special Honors or Awards, Publications, Patents or Inventions?
What qualifications, abilities and strong points will help you succeed in the Position for which you are applying, and will help you be an Impact Player in our organization?
Special skills you can bring to this position? (Languages spoken, Software programs, etc.)?
What are your weaker points and areas for improvement you would bring into the Role or Position with our organization?
V. <u>Career Needs and Objectives</u>
Able to travel, if required? (travel requirements would be minimal) Yes No If "No," please explain
What are your long-term Career Objectives?
VI. Other Considerations
Do you have the legal right to work in the United States? Yes No
Can you provide any and all legal documentation required for employment? Yes No
Have you ever been convicted of a felony or misdemeanor, other than a minor traffic violation, or pleaded guilty or no contest (resulting in a deferred adjudication) to any criminal offense? Yes No If "Yes," please attach an additional sheet for each incident, identifying the nature of the crime, how much time has elapsed since the conviction, and any additional explanation you wished to have considered as to why the matter should not exclude you from employment. It criminal history is not an automatic exclusion, but the failure to accurately disclose one not that has been expunged or sealed generally is.
How did you hear about this position?
VII. Certification and Acknowledgement
I certify that answers given in this Career History Form and Employment Application are accurate and complete to the best of my knowledge I authorize investigation into all statements I have made on this Form and Application, as well as related background, history, references, and employment information. I additionally authorize a criminal history to be run. I release Waco Habitat and any prior employer, reference, o third-party information provider from liability for seeking or providing information on me, even if it turns out to be inadvertently inaccurate.
In the event I am offered employment or employed by Employer, I understand any subsequently discovered false or misleading information provided, either on my Career History Form or during interviews, may result in immediate discharge and/or Employer may initiate lega action against me. I understand that employees are required to abide by all Employer rules and regulations. I acknowledge that Employer of I may end my employment ("at-will") at any time, for any reason that is not illegal.
Signature Date