



HAITIAN-AMERICANS UNITED FOR PROGRESS, INC.

197-17 Hillside Ave • Hollis, NY 11423
Tel. (718) 527-3776 • Fax (718) 276-5481 • www.haupinc.org

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, creed, sex, marital status, national origin, age, physical or mental disability.

PERSONAL INFORMATION

Name

Last

First

Middle

Address

City

State

Zip code

Telephone Number _____ Date of Birth _____

Email _____

Are you legally authorized to work in the United States? YES NO

DESIRED EMPLOYMENT

Position _____ Date You Can Start ___/___/___ Salary Desired _____

Applied To This Company Before? YES NO Where? _____ When? _____

Worked For This Company Before? YES NO Where? _____ When? _____

Reason For Leaving? _____

Name Of Last Supervisor At This Company? _____

How did you hear about HAUP? Employment Agency Newspaper Advertising Online
 Friend State Employment Office Walk In Radio or TV HAUP Job Fair
 Other _____

EDUCATION

	Institution name	Years completed	Field of study	Year graduated/ degree
High school				
College/University				
Business/technical				
Additional				

AVAILABILITY**Check all days/hours you are available to work**

	M	T	W	Th	F	Sat	Sun
6am-9am							
9am-12pm							
12pm-2pm							
2pm-6pm							
6pm-10:30pm							

EMPLOYMENT HISTORY- Chronological Order, Most Recent First**(Use Back If Additional Space Is Required)**

Employer	Telephone	From (Month, Year)
Address		To (Month, Year)
Job Title	Number of Employees Supervised	Hours Per Week
Specific Duties		Supervisor
Reason For Leaving		May We Contact this Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO

Employer	Telephone	From (Month, Year)
Address		To (Month, Year)

Job Title	Number of Employees Supervised	Hours Per Week
Specific Duties		Supervisor
Reason For Leaving	May We Contact this Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Employer	Telephone	From (Month, Year)
Address		To (Month, Year)
Job Title	Number of Employees Supervised	Hours Per Week
Specific Duties		Supervisor
Reason For Leaving	May We Contact this Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

SKILLS & QUALIFICATIONS

Other qualifications such as other languages, special skills, abilities or honors that should be considered:

Types of computers, software, and other equipment you are qualified to operate?

Professional licenses or certifications:

MILITARY

Are you a Veteran? YES NO Branch of Service: _____

Date of Entry ____/____/____ Date of Discharge: ____/____/____

Duty/Specialized Training: _____

REFERENCES

Please provide 3 references below:

Name	Work/Company Name
Telephone	Email
Relationship <input type="checkbox"/> Business <input type="checkbox"/> Personal	Years Known
Address	

Name	Work/Company Name
Telephone	Email
Relationship <input type="checkbox"/> Business <input type="checkbox"/> Personal	Years Known
Address	

Name	Work/Company Name
Telephone	Email
Relationship <input type="checkbox"/> Business <input type="checkbox"/> Personal	Years Known
Address	

AUTHORIZATION

I CERTIFY THAT THE FACTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DIMISSAL.
I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.
I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FORGOING, UNLESS IT IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE*

SIGNATURE _____ DATE _____

**DO NOT WRITE ON THIS PAGE
FOR OFFICE USE ONLY**

INTERVIEWED BY _____ DATE _____

NOTES: _____

Hired Not Hired
Hired (Date) for Department _____ For Position _____
Will Report To _____

