



APPLICATION

To the Applicant: We appreciate your interest in the Nueva Luz Foundation 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. You may complete this application now or return the completed application at a later time.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, the presence of a medical condition or disability, height, weight or any other protected status.

PERSONAL

Name _____ Date of Application _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (ZIP)

Telephone Number (with area code) _____ Social Security Number _____

Are you 18 years or older? Yes No Are you a U.S. citizen? Yes No

Are you authorized to work in the United States? Yes No

EMPLOYMENT/INTERNSHIP DESIRED:

Position(s) applied for _____

Kind of work sought: Full time Part time Internship Other _____

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for?

Salary desired _____ Date available to work _____

EMPLOYMENT EXPERIENCE: (List current or most recent job first)

1	Employer	Date		Work Performed
	Address	From	To	
	City State Zip			
	Phone Number (with area code)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			
2	Employer	Date		Work Performed
	Address	From	To	
	City State Zip			
	Phone Number (with area code)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			
3	Employer	Date		Work Performed
	Address	From	To	
	City State Zip			
	Phone Number (with area code)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			

List Any other positions held on a separate sheet

EDUCATION	Name/Location	Years Completed	Diploma/Degree	Courses of Study
High School				
College				
Graduate				
Vocational/Training				

REFERENCES (Do not include relatives or former employers)

	Name	Address	Phone Number	Years Acquainted
1				
2				
3				

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes No

If yes, what branch? _____ Rank at Discharge _____ Date of Discharge _____

Are you in the reserves? Yes No

ADDITIONAL INFORMATION

Have you been convicted of a crime? Yes No If so, where, when and nature of offense _____

Do you have a valid driver's license? Yes No License No. _____ State _____

List professional trade, business or civic activities and offices held.

State any additional information that you feel may be helpful to us in considering your application.

Name, address, and telephone number of the person to be notified in the event of accident or

emergency

AUTHORIZATION AND UNDERSTANDING:

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my background, including but not limited to, my employment, driving record, education, criminal history, or medical history (post-offer only), with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures and this release from liability does not waive or prohibit an individual from filing a charge of discrimination under the laws enforced by the EEOC. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the president of the firm. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the Foundation as they are from time to time changed, and no additional obligations can be imposed on the Foundation except those which have been acknowledged in writing, by the Executive Director or his designated representatives.

Date _____ Signature _____