IMPORTANT NOTICE

To Potential Employees

IF YOU ARE UNABLE TO OBTAIN FINGERPRINT CLEARANCE THROUGH THE ARIZONA DEPARTMENT OF PUBLIC SAFETY, YOU WILL NOT BE ELIGIBLE FOR EMPLOYMENT WITH THIS AGENCY.

IF YOU HAVE BEEN A CLIENT AND/OR RECEIVED SERVICES FROM NORTHLAND FAMILY HELP CENTER IN THE LAST 12 MONTHS, YOU WILL NOT BE ELIGIBLE FOR EMPLOYMENT WITH THIS AGENCY.

Thank you for your cooperation in this process.



NORTHLAND FAMILY HELP CENTER

2532 North 4th Street #506

Flagstaff, Arizona 86004

928-527-1700

Fax: 928-527-4288

Website: [www.northlandfamily.org](http://www.northlandfamily.org)

NORTHLAND FAMILY HELP CENTER

APPLICATION FOR EMPLOYMENT

ALL POSITIONS SUBJECT TO AVAILABILITY OF FUNDS

Prospective employees will receive consideration without discrimination based on race, religion, color, sex, age, national origin, disability, veteran status or any condition prescribed by Local, State or Federal Law

PERSONAL

Last Name  First Name       Middle       Date

Street Address       Home Phone

City, State, Zip       Bus or Cell Phone

Have you ever applied for employment with us? Yes  No  If yes, Month and Year:

Position Desired:       Pay Expected:

How did you hear about this position? Newspaper  Website  Internet  Other

Hours Desired: Full-Time  Part-Time  Relief

Do you have a valid Driver License? Yes  No  If “Yes”, what state?

Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses which have not been annulled, expunged or sealed by a court? If “Yes”, describe in full. (Attach separate page if necessary) Yes  No

Are you legally eligible for employment in the United States? Yes  No

EDUCATION

Did you Degree or

Name/Location of School Course of Study Graduate? Diploma

High School

Bus/Trade School

College

Graduate

NOTE: DO NOT use “SEE RESUME” in the job duties section. Please describe your duties in the appropriate section. Also, please explain any gaps in employment. Use additional pages if necessary

EMPLOYMENT

Company Name       Telephone

Street Address       City       -State       Zip       Employed From:      To:

Name of Supervisor       E-Mail       Telephone

Your Job Title       May we contact this employer?

Starting Pay       Ending Pay       Reason for Leaving

Describe your job duties

Company Name       Telephone

Street Address       City       -State       Zip       Employed From:     To:

Name of Supervisor      E-Mail      Telephone

Your Job Title       May we contact this employer?

Starting Pay       Ending Pay      Reason for Leaving

Describe your job duties

Company Name       Telephone

Street Address       City-      State       Zip       Employed From:       To:

Name of Supervisor       E-Mail       Telephone

Your Job Title       May we contact this employer?

Starting Pay       Ending Pay       Reason for Leaving

Describe your job duties

Company Name       Telephone

Street Address      City-      State       Zip       Employed From:       To:

Name of Supervisor       E-Mail       Telephone

Your Job Title       May we contact this employer?

Starting Pay       Ending Pay       Reason for Leaving

Describe your job duties

Company Name       Telephone

Street Address       City-       State       Zip       Employed From:      To:

Name of Supervisor       E-Mail       Telephone

Your Job Title       May we contact this employer?

Starting Pay       Ending Pay       Reason for Leaving

Describe your job duties

Company Name       Telephone

Street Address       City-       State       Zip       Employed From:       To:

Name of Supervisor       E-Mail       Telephone

Your Job Title       May we contact this employer?

Starting Pay       Ending Pay       Reason for Leaving

Describe your job duties

MILITARY

Did you serve in the U.S. Armed Forces? Yes  No  If “Yes”, which branch?

Describe any training you may have received in the military that is relevant to the position for which you are applying

VOLUNTEER

Have you done any volunteer or community service work that is relevant to the position for which you are applying? Yes  No  If “Yes”, please complete the following:

Name of Organization       Telephone

Address       Volunteered From:       To:

City, State, Zip       Supervisor

Describe your duties and responsibilities as a volunteer

Name of Organization       Telephone

Address       Volunteered From:       To:

City, State, Zip       Supervisor

Describe your duties and responsibilities as a volunteer

Name of Organization       Telephone

Address       Volunteered From:       To:

City, State, Zip       Supervisor

Describe your duties and responsibilities as a volunteer

REFERENCES

List name and phone or e-mail of at least three personal references that are NOT related to you.

Type of Reference Years

Name Phone E-Mail (Personal, School) Known

1.

2.

3.

List name and phone or e-mail of at least three professional references that you have worked or volunteered with and are NOT related to you.

Type of Reference Years

Known

Name Phone E-Mail (Business, Volunteerl)

1.

2.

3.

4.

SPECIALIZED TRAINING

List any specialized training or certifications.

COMPUTER SKILLS

Please describe your skill, experience and type of computer programs in which you are proficient, i.e., Word, Excel, Access, etc.

ADDITIONAL INFORMATION

List professional, trade, business or civic associations and any office held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or any other similarly protected status)

List special accomplishments, publications, awards, etc.

List any additional information that you would like us to consider.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer’s service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and volunteer organizations to otherwise verify the accuracy of the information contained in this application. I hereby release the employer and its representatives to seek, gather and use such information and all other persons, corporations or organizations to furnish such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by Local, State of Federal Law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this agency’s policy not to refuse to hire a qualified individual with a disability because of that person’s need for a reasonable accommodation as required by the Americans with Disabilities Act, (ADA).

I also understand that if I am hired, I will be required to provide proof of identity and employment eligibility. I understand that, using E-Verify, this employer will provide the Social Security Administration (SSA) and the Department of Homeland Security (DHS), with information from each new employee’s Form I-9 to confirm work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions. If submitting application electronically, my typed name below will be considered my signature.

Signature of Applicant Date



*STATEMENT OF VALUES*

The Board of Directors, Staff, Interns, and Volunteers of NFHC commit to the following values:

Human Dignity

We value and respect each and every person. We recognize and embrace all differences. We treat all with dignity and empowerment. We believe in and promote everyone’s right to actively participate in the fulfillment of all their authentic human needs.

Excellence in Service

We seek out and utilize proven and innovative ways that promote Self-Leadership for the members of NFHC and for the greater communities. We dedicate ourselves to the delivery of professional care according to all applicable guidelines.

Open and Interactive Teamwork

We esteem the gifts of all who make up NFHC and encourage every initiative that holds us true to our philosophy. We cherish and welcome the exchange of the new, the difficult and the unusual. We offer hospitality to every manifestation of the human mind, spirit and soul in the world as it is.

Information Sharing and Confidentiality

We hold all information, relevant to the pursuit of our mission, as a sacred trust. We burden no one with information beyond their need to know. We communicate with each other for mutual wellbeing. We abide by the strictest norms of confidentiality and privacy on behalf of staff and clients alike.

Approved by NFHC Board of Directors on July 1, 2009

I can live by these values! If submitting application electronically, my typed name below will be considered my signature.

Signature of Applicant Date

Please save and email to: [hr@northlandfamily.org](mailto:hr@northlandfamily.org)