

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

928-774-4503

Fax: 928-774-5809

Website: 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, creed, color, sex, age, national origin, handicap, 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

Name/Location of School	Course of Study	Did you Graduate?	Degree or 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				

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Name of Supervisor		E-Mail	Telephone	
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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 answer the following:
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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 references who are NOT related to you and are NOT previous supervisors.

Name	Phone or E-Mail	Type of Reference (Bus, Personal, School)	Years Known

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 to otherwise verify the accuracy of the information contained in this application. I hereby release the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing 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 or 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 company'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 A.D.A.

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.

Signature of Applicant

Date

VALUES STATEMENT

The Board of Directors, Staff, and Volunteers of Northland Family Help Center commit to the following beliefs:

Human Dignity We value and respect each person, recognizing differences in spiritual beliefs, age, race, sex, sexual preference, cultural background, family's unit, physical and intellectual capacity and economic status. Our treatment of all people reflects our commitment to promote the dignity of each person, to encourage individual empowerment and personal growth, dialogue, and the exchange of ideas in a caring and professional atmosphere.

The Right to Thrive We believe that every individual has a right to personal relationships and a home environment that foster a strong sense of identity and self-worth, and supports realizing full personal potential. Every person deserves active nurturing, safety, respect freedom from abuse and neglect, education, food shelter, and health care.

Advocacy We can take an active advocacy role in ensuring individual empowerment and quality of life and in influencing public policy concerning these issues.

Excellence We are committed to strive for excellence in all that we do at every level in the organization.

Service We aide, assist, and meet the needs of our clients, and consider them *highest priority*. We serve by providing safe shelter, counseling, advocacy, community education, and referral with the highest level of professionalism and caring.

Code of Conduct In all our dealings with people, both in and outside of the organization, we exemplify courtesy, fairness, honesty, integrity, and a caring attitude.

Teamwork We work together as a team, recognizing that the whole is greater than the sum of its parts. We encourage the sharing of ideas and skills, and considering the needs of the entire agency as we carry out our mission. We also value the contribution, skills, and talents of each individual in the organization.

Interactive Freedom We value the ability to discuss and debate issues in an atmosphere free of recrimination. We support free and thoughtful exchange of ideas among members of the organization.

Stewardship We recognize our obligation to safeguard the integrity of our mission by maintaining the economic viability of Northland Family Help Center.

Information Sharing We are committed to sharing accurate, timely, and appropriate information with one another, and accept the responsibility of seeking information necessary to do our jobs most effectively.

Leadership We are committed to a leadership role for the reduction of all forms of family and relationship violence and fostering of healthy families in Northern Arizona.

Employees, Board Members, and Volunteers We believe our employees, board members, and volunteers are our most valuable assets. Their interest and security are given a high priority. We strive to create a highly rewarding work environment where interpersonal respect is emphasized and where personal empowerment and professional growth are supported.

Confidentiality We are committed to protecting the personal and legal rights of employees and clients to strict confidentiality in regard to any form of personal information.

Community We value the strengths of Northern Arizona's community and commit to collaborate and cooperate with other organizations to enhance that strength.

Adopted January, 1977

I can live by these values!

Applicant's Signature

Date