



APPLICATION FOR EMPLOYMENT

Interval Brotherhood Home
EmpApp.pdf



- Follow instructions carefully
- Provide detail - do not use "see resume"
- If accommodation or assistance is needed in completing this application, please contact IBH HR Dept.
- Print or type
- Check for errors & signature before submitting

Position applying for:	Source (newspaper, etc)	Date of Application
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General Information

Name (Last, First, Middle)	Work Telephone	Home Telephone	Email Address	
Mailing Address	City		State	Zip Code

Have you ever worked or volunteered at IBH in the past?
 No Yes If yes, please indicate details of your experience and position at IBH

Can you provide proof, if hired, that you are eligible to work in the United States? Yes No

Have you ever been convicted of a crime other than a minor traffic violation?
 If yes, please explain _____ Yes No

Were you referred by or do you know someone who works at IBH? No Yes

Are you only interested in the position applied for above? No Yes

Please Describe

Education and/or Training

Did you graduate from high school or receive a GED Certificate? Yes No

SCHOOL NAME AND LOCATION (college, business, nursing, vocational, or other)	Number of Credits		Field		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma or degree earned
	Qtr.	Sem.	Major	Minor		
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other education/training/skills:

Computer skills (hardware & software):

Related volunteer experience:

License or Certification

License/Certification	State	Profession	License/Certification #	Expiration Date

Employment History: (Provide detail; do not use "see resume.")

- Start with your current or last job - include armed forces service and self-employment.
- Any change of job title under the same employer should be considered a separate position.
- Complete pages 3 and 4 if you have additional employment history.

May we contact your current employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			
1.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	
2.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	
3.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize investigation of all statements made on this application and any attachments, and I release all persons, companies, and organizations from liability for providing or receiving such information. I further understand that this employment application and other employment related documents are not contracts of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed.

Applicant's Signature Date

Equal Opportunity Employer

IBH does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services and complies with Federal Laws regarding services and employment.

