**EMPLOYMENT APPLICATION**

**SECTION 1: EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

National Issues Forums Institute (NIFI) is an equal employment opportunity employer. It is the policy of NIFI not to discriminate based on race, color, ancestry, religion, national origin, age, gender (including pregnancy), gender identity, sexual orientation, physical or mental disability, marital, civil union or domestic partner status, military service, family medical history or genetic information, or any other factor protected by law in the hiring, promotion, payment or discipline of employees.

NIFI will not discriminate against a person with a covered disability under the Americans with Disabilities Act regarding employment practices, or terms, conditions, and privileges of employment.

If you are a person with a disability, you may request any needed reasonable accommodation to participate in the application process or interview process. This request should be made in advance so that we can make an accommodation. Reasonable accommodation will be made as appropriate to enable any employee or applicant to safely and properly perform the job applied for as requested and as appropriate.

# SECTION 2: APPLICANT’S PERSONAL INFORMATION

NAME

(Print) First Middle Initial Last

PRESENT ADDRESS

(Print) Number Street

CITY STATE ZIP CODE

BEST PHONE NO. TO REACH ME:

HOME PHONE CELL (ALTERNATE) PHONE

E-MAIL HOME WORK

(OPTIONAL)

Are you 18 years old or older? Yes No

Are you legally eligible to work in the United States? Yes No

Position(s) applying for:

How did you hear about this position?

Can you perform the duties for the job for which you are applying with or without a reasonable accommodation based on the job description? *If you are unsure of the requirements of the position, please ask the Company representative for more information prior to answering this question.*

Yes No

If the position for which you applied requires you to drive while on duty, do you have a valid driver’s license? Yes No

Do you have any relatives or a spouse employed by this organization? Yes No

If yes, please provide names:

Have you ever been in the Military Service? Yes No

Have you ever been employed by this organization before? Yes No If yes, give dates employed and indicate if employed under a different name:

Have you ever filed an application with this organization before? Yes No If yes, when and indicate if filed under a different name:

# SECTION 4: EMPLOYMENT HISTORY

### (Please start with present or most recent employer) Current/Most Recent Employer

Company Name Telephone

Address

(Print) Number Street

City State Zip Code

Employment Dates (month/year) From To

Starting Position/Title

Last Position/Title

|  |  |  |
| --- | --- | --- |
| Time in last position | Years  | Months  |

Supervisor’s Name & Title

Reason for Leaving

Duties

May we contact your current supervisor or manager? Yes No

If no, why?

### Next Previous Employer

Company Name Telephone

Address

(Print) Number Street

City State Zip Code

Employment Dates (month/year) From To

Starting Position/Title

Last Position/Title

|  |  |  |
| --- | --- | --- |
| Time in last position | Years  | Months  |

Supervisor’s Name & Title

Reason for Leaving

Duties

### Next Previous Employer

Company Name Telephone

Address

(Print) Number Street

City State Zip Code

Employment Dates (month/year) From To

Starting Position/Title

Last Position/Title

Time in last position Years Months

Supervisor’s Name & Title

Reason for Leaving

Duties

**Next Previous Employer**

Company Name Telephone

Address

(Print) Number Street

City State Zip Code

Employment Dates (month/year) From To

Starting Position/Title

Last Position/Title

Time in last position Years Months

Supervisor’s Name & Title

Reason for Leaving

Duties

# SECTION 5: EDUCATION

**High school** City/State

|  |
| --- |
| **College** City/State  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last year completed | 1 | 2 | 3 | 4 |
| Did you graduate? | Yes | No |  |  |

If yes, what degree(s) did you obtain?

**Graduate Studies** City/State

Last year completed 1 2 3 4

Did you graduate? Yes No

If yes, what degree(s) did you obtain?

### Business/Trade/Professional School

City/State

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last year completed | 1 | 2 | 3 | 4 |
| Did you graduate? | Yes | No |  |  |

If yes, what degree(s) / certificate(s)did you obtain?

# SECTION 6: REFERENCES

### PROFESSIONAL REFERENCES

Give the contact information of three (3) professional references from supervisors, managers, administrators, or executive directors for whom you have worked:

Name Address Phone Number

**SECTION 7: PROFESSIONAL LICENSES, CERTIFICATIONS AND CREDENTIALS**

Please indicate any job-related licenses, certifications, or credentials:

### THE FOLLOWING SHALL BE FILLED OUT FOR ANY POSITION THAT REQUIRES FUNDRAISING

Please list the number of years of professional experience you have in the following areas:

 Major Gifts Programs

 Individual, Business/Corporate, Church and Civic Group Giving Programs

 Annual Fund Programs

 Planned Giving Programs

 Capital Campaigns

 Grant Research/Writing

 Fundraising/Event Management

 Marketing/Social Media

## SECTION 8: APPLICANT STATEMENT OF AGREEMENT

I certify that all information I have provided to apply for and secure work with Employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the Employer’s service, whenever it is discovered.

I expressly authorize, without reservation, the Employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the Employer, its agents, or representatives, for seeking, gathering, dispersing and using such information in the employment process and all other persons, corporations or organizations for furnishing same.

I understand that 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 applicable local, state, or federal law.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I agree to immediately notify the Employer if I should be convicted of a felony or any crime involving dishonesty, breach of trust, controlled substances, sexual misconduct, abuse, or violence, while my job application is pending or, during my period of employment, if hired.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and Employer reserves the right to terminate my employment at any time, with or without cause and with or 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 supervisor or representative of Employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the an authorized representative of Employer.

### DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT AGREEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement of Agreement.

Signature of Applicant: Date:

### This application will be kept on file for 90 days. You need to complete another application to be reconsidered after this date.