

APPLICATION FOR EMPLOYMENT



HONEYWELL FOUNDATION
275 W. Market Street, Wabash IN 46992
(260) 563-1102 • (800) 626-6345 • Fax (260) 563-0873
www.honeywellcenter.org

The Honeywell Foundation is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant Name: _____ Date: _____

Position(s) applied for or type of work desired: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Social Security #: _____ Email: _____

Type of employment desired: full-time part-time temporary

Date available to start work: _____

Are you able to meet the attendance requirements? yes no

Do you have any objection to working overtime if necessary? yes no

Can you travel if required by this position? yes no

Have you ever been previously employed by our organization? yes no

Can you submit proof of legal employment authorization and identity? yes no

If you are under 18, can you furnish a work permit if it is required? yes no

Have you ever been convicted of a crime in the last 7 years? yes no

If yes, please explain (a conviction will not automatically bar employment): _____

Driver's license number (if driving is an essential job duty): _____

How were you referred to us? _____

EMPLOYMENT HISTORY

Please provide all employment information for your past four employers starting with the most recent.

Employer: _____ Position held: _____

Address: _____ Phone: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Phone: _____

Immediate supervisor and title: _____

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Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Phone: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Phone: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

OTHER SKILLS AND QUALIFICATIONS

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

EDUCATIONAL HISTORY

List school name and location, years completed, course of study, and any degrees earned:

High School: _____

College: _____

Technical Training: _____

Other: _____

REFERENCES

List 3 references' names, telephone numbers, and years known (do not include relatives or employers):

I hereby authorize The Honeywell Foundation to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability The Honeywell Foundation and its representatives from seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered. If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or The Honeywell Foundation can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law. I understand that it is the policy of this organization not to refuse or hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____