



# New Haven Communities

## Employment Application

| APPLICANT INFORMATION                             |  |    |  |                              |  |                              |  |  |  |        |  |  |  |
|---|--|----|--|------------------------------|--|------------------------------|--|--|--|--------|--|--|--|
| Last Name   |  |    |  | First                        |  |                              |  | M.I.   |  | Date   |  |  |  |
| Street Address                                    |  |    |  |                              |  | Apartment/Unit #             |  |  |  |        |  |  |  |
| City  |  |    |  | State                        |  |                              |  | ZIP  |  |        |  |  |  |
| Phone   |  |    |  | E-mail Address               |  |                              |  |  |  |        |  |  |  |
| Date Available                                    |  |    |  | Social Security No.          |  |                              |  | Desired Salary                                 |  |        |  |  |  |
| Position Applied for                              |  |    |  |                              |  |                              |  |  |  |        |  |  |  |
| Are you a citizen of the United States?           |  |    |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/>  |  | If no, are you authorized to work in the U.S.? |  |        |  | YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| Have you ever worked for this company?            |  |    |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/>  |  | If so, when?                                   |  |        |  |  |  |
| Have you ever been convicted of a felony?         |  |    |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/>  |  | If yes, explain                                |  |        |  |  |  |
| EDUCATION   |  |    |  |                              |  |                              |  |  |  |        |  |  |  |
| High School                                       |  |    |  | Address                      |  |                              |  |  |  |        |  |  |  |
| From  |  | To |  | Did you graduate?            |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/>                    |  | Degree |  |  |  |
| College   |  |    |  | Address                      |  |                              |  |  |  |        |  |  |  |
| From  |  | To |  | Did you graduate?            |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/>                    |  | Degree |  |  |  |
| Other   |  |    |  | Address                      |  |                              |  |  |  |        |  |  |  |
| From  |  | To |  | Did you graduate?            |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/>                    |  | Degree |  |  |  |
| REFERENCES  |  |    |  |                              |  |                              |  |  |  |        |  |  |  |
| <i>Please list three professional references.</i> |  |    |  |                              |  |                              |  |  |  |        |  |  |  |
| Full Name   |  |    |  |                              |  | Relationship                 |  |  |  |        |  |  |  |
| Company   |  |    |  |                              |  | Phone                        |  |  |  |        |  |  |  |
| Address   |  |    |  |                              |  |                              |  |  |  |        |  |  |  |
| Full Name   |  |    |  |                              |  | Relationship                 |  |  |  |        |  |  |  |
| Company   |  |    |  |                              |  | Phone                        |  |  |  |        |  |  |  |
| Address   |  |    |  |                              |  |                              |  |  |  |        |  |  |  |
| Full Name   |  |    |  |                              |  | Relationship                 |  |  |  |        |  |  |  |
| Company   |  |    |  |                              |  | Phone                        |  |  |  |        |  |  |  |
| Address   |  |    |  |                              |  |                              |  |  |  |        |  |  |  |

**PREVIOUS EMPLOYMENT**

|  |                    |                    |  |
|--|--------------------|--------------------|--|
| Company  |                    | Phone              |  |
| Address  |                    | Supervisor         |  |
| Job Title  | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities   |                    |                    |  |
| From   | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |

|  |                    |                    |  |
|--|--------------------|--------------------|--|
| Company  |                    | Phone              |  |
| Address  |                    | Supervisor         |  |
| Job Title  | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities   |                    |                    |  |
| From   | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |

|  |                    |                    |  |
|--|--------------------|--------------------|--|
| Company  |                    | Phone              |  |
| Address  |                    | Supervisor         |  |
| Job Title  | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities   |                    |                    |  |
| From   | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |

**PREVIOUS ADDRESS - last 5 years**

|                |       |                 |              |
|----------------|-------|-----------------|--------------|
| Street Address |       | Apartment/Unit# |              |
| City           | State | Zip             | From      To |
| Street Address |       | Apartment/Unit# |              |
| City           | State | Zip             | From      To |
| Street Address |       | Apartment/Unit# |              |
| City           | State | Zip             | From      To |

**MILITARY SERVICE**

|                   |                   |
|-------------------|-------------------|
| Branch            | From      To      |
| Rank at Discharge | Type of Discharge |

