



DOING
THE MOST
GOOD™

APPLICATION FOR EMPLOYMENT
THE SALVATION ARMY
Puerto Rico & Virgin Islands Division
DIVISIONAL HEADQUARTERS

Applicants are considered for all positions for which they apply without regard to race, color, sex, national origin, age, marital status, or medical condition/disability (that does not result in a bona fide occupational qualifier).

Before completing this application, please read below, and initial to indicate that you have read and desire to continue the application process:

If you meet plan eligibility requirements and elect participation in The Salvation Army benefit plan you are notified that The Salvation Army is exempt from C.O.B.R.A. legislation. As such, you and any dependents will not have the right to purchase group health benefits when employment ends. Initial: _____

PLEASE PRINT PLAINLY

Date of Application: ____ / ____ / ____

Name: _____
(Last) (First) (Middle)

Address: _____
(Address Line 1)

_____ (Address Line 2)

_____ (City) (State) (ZIP)

Telephone: (____) _____

Cell phone: (____) _____

E-mail: _____

Position(s) applied for: _____

Minimum expected rate of pay per hour: \$ _____ I will be available to start on: ____ / ____ / ____

Have you any commitments to another employer or a "side-line" business interest which might affect your employment with The Salvation Army? ____ NO. ____ YES. Please explain: _____

Are you available to work: ____ Full Time ____ Part Time ____ Occasional

Referral Source: ____ Advertisement ____ Friend ____ Relative ____ Self
____ Current Employee ____ Agency ____ Other

HOURS AVAILABLE TO WORK (Please check appropriate boxes)

	MON	TUE	WED	THU	FRI	SAT	SUN
DAY HOURS							
EVENING HOURS							
OVERNIGHTS	-	-	-	-	-	-	-

Are you known by another name? (To former employers, schools or friends) ____ YES ____ NO

If yes, please provide name(s): _____

EMPLOYMENT OF RELATIVES

Do you have any immediate relatives currently employed at any Salvation Army facility, or do you reside with someone as a "life partner" who is currently employed at any Salvation Army facility? Please note that immediate relatives are defined as: spouse, parents, in-laws (mother, father, sister, brother, daughter, son), children, aunts, uncles, siblings, grandparents, grandchildren, step family members.

_____ NO. _____ YES. If yes, then please complete the request for information below. Use additional paper if necessary.

Name	Relationship	Title	Work Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT STATEMENT AND AUTHORIZATION

I certify that all information I have provided in order to apply for and secure work with The Salvation Army is true, complete and correct.

I understand that any information provided by that is found to be false, incomplete or misleading in any respect, will be sufficient cause to either further consideration of this application or immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, The Salvation Army, 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 provided by me in this application, resume or job interview. I release all parties from liability for any damage that may result from furnishing information, and I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that 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 applicable local, state or federal 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 the employer is authorized to make any assurance 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 approved by the Divisional Finance Council.

I also understand that if I am hired, I agree to provide valid documentation establishing my identity and employment eligibility, and that federal immigration laws require to me to complete an I-9 Form in this regard.

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

Signature of Applicant

Date