



Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer's Complete Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_ Per Hr Per Yr

Immediate Supervisor and Title: \_\_\_\_\_

May we contact for reference? Yes No

Summarize the nature of the work performed and job responsibilities.

Reason for leaving.

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**EDUCATIONAL BACKGROUND**

High School Diploma or GED?                      Yes                      No

List College or other Post Secondary School Programs:

School	Years Completed	Degree/Certificate	Major

**GRADUATE SCHOOL PROGRAM**

School	Degree/Certificate	Major

**CONTINUING EDUCATION OR OTHER EXPERIENCES RELEVANT TO THIS POSITION AND/OR ANU'S MISSION**

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**PROFESSIONAL LICENSES**

Type of License	License Number	Expiration Date	State

**PROFESSIONAL REFERENCES**

Name	Relationship	Telephone Number

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

This employer is subject to certain nondiscrimination and affirmative action record keeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes. If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information. For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

## INVITATION TO SELF-IDENTIFY

### PLEASE ANSWER THE FOLLOWING QUESTION:

What is your race/ethnicity? Please mark the one box that describes the race/ethnicity category with which you primarily identify.

Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Black or African American: a person having origins in any of the black racial groups of Africa.

Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races: a person who primarily identifies with two or more of the above race/ethnicity categories

I do not wish to self-identify

## DISCLAIMER AND ACKNOWLEDGEMENT

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify or misrepresent information is grounds for refusing to hire me or discharging me at any time should I be hired.

I authorize any of the persons and organizations listed in this application to give you any and all information concerning my previous employment, education, and qualifications for employment. I also authorize you to request and receive such information. I understand that any offer is contingent upon acceptable reference checks. I also understand that any offer is contingent upon the successful .01completion of appropriate background checks.

In consideration for my employment, I agree to conform to the policies and procedures of Anu Family Services, Inc. I acknowledge that policies may change, be withdrawn, or interpreted at any time, at Anu's sole option and without prior notice to me.

I understand that no representative of Anu has any authority to enter any agreement for employment for any specified period of time or to promise any other personnel action, either before or after I accept employment, or to guarantee any benefits or terms or conditions of employment or to make any other arrangement which is contrary to this agreement. I understand that anything said during the selection process shall not be deemed to constitute the terms of an implied employment contract.

I also acknowledge that employment is an "at-will" relationship and may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause and with or without prior notice at the option of Anu Family Services, Inc. or myself.

I have read and understand this agreement.

Please submit completed application to: [hr@anufs.org](mailto:hr@anufs.org)