



480 Silver Street | PO Box 910

Delta, CO 81416

970-773-8290

[www.DeltaAbrahamConnection.org](http://www.DeltaAbrahamConnection.org) | [AbrahamConnectionDelta@gmail.com](mailto:AbrahamConnectionDelta@gmail.com)

## EMPLOYMENT APPLICATION

Delta Homeless Ministries dba The Abraham Connection is an equal opportunity employer. All applicants will receive consideration without discrimination because of race, color, religion, creed, national origin, gender, marital status, pregnancy, disability or any other protected status.

Position applied for: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Physical Address, including City, State & Zip: \_\_\_\_\_  
\_\_\_\_\_

Current Mailing Address, including City, State & Zip, if different: \_\_\_\_\_  
\_\_\_\_\_

Have you filed an application with The Abraham Connection before? No\_\_\_ Yes\_\_\_

If yes, give date: \_\_\_\_\_

Have you ever been employed by The Abraham Connection before? No\_\_\_ Yes\_\_\_

If yes, give date: \_\_\_\_\_

HAVE you ever received any services from The Abraham Connection, including but not limited to meals, overnight shelter or case management services? No\_\_\_ Yes\_\_\_

If yes, give date(s): \_\_\_\_\_

Are you employed now? No\_\_\_ Yes\_\_\_

May we contact your present employer? No\_\_\_ Yes\_\_\_

Are you over 18 years old? No\_\_\_ Yes\_\_\_

Are you prevented from lawfully becoming employed because of visa or immigration status? (Proof of eligibility to work under immigration laws will be required upon employment.) No\_\_\_ Yes\_\_\_

Our season runs from Nov. 1, 2018 - April 30, 2019. We are open seven days a week, including holidays. Are you available to work these dates? No\_\_\_ Yes\_\_\_

Are you available to work: Full Time\_\_\_ Part Time\_\_\_ Shift\_\_\_ Temporary\_\_\_  
Weekdays\_\_\_ Weekends\_\_\_ Nights\_\_\_ Evenings\_\_\_ Overtime\_\_\_

Have you read the job description for the position you are applying for? No\_\_\_ Yes\_\_\_  
If no, please do not proceed with the rest of the application until  
you have located the job description on our website and read it.

Can you perform the requirements of the position you are applying for  
with or without reasonable accommodation? No\_\_\_ Yes\_\_\_

Current or Most Recent Employer/Company Name, Address, City & State: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Hourly Rate/Salary Start: \_\_\_\_\_ Finish: \_\_\_\_\_

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

Duties/Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Previous Employer/Company Name, Address, City & State: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Hourly Rate/Salary Start: \_\_\_\_\_ Finish: \_\_\_\_\_

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

Duties/Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Previous Employer/Company Name, Address, City & State: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Dates Employed:      From: \_\_\_\_\_      To: \_\_\_\_\_

Hourly Rate/Salary      Start: \_\_\_\_\_      Finish: \_\_\_\_\_

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

Duties/Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Please list three references who are familiar with your work ability and skills; who are not related to you; and who are not previous employers:

Name: \_\_\_\_\_      Phone Number: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Years Known: \_\_\_\_\_      Relationship: \_\_\_\_\_

Name: \_\_\_\_\_      Phone Number: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Years Known: \_\_\_\_\_      Relationship: \_\_\_\_\_

Name: \_\_\_\_\_      Phone Number: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Years Known: \_\_\_\_\_      Relationship: \_\_\_\_\_

Education

Please circle the highest grade completed: 6 7 8 9 10 11 12 13 14 15 16+

	<u>Name</u>	<u>City/State</u>	<u>Graduate?</u>	<u>Major or Course of Study</u>
High School			Yes No	
College			Yes No	
Other			Yes No	

Please describe your skills and qualifications, including any specialized training, education, licenses or certifications you hold you may have that you feel would be useful to this position, or that you feel would be of value to this position or The Abraham Connection: \_\_\_\_\_

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Person to notify in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **APPLICANT'S CERTIFICATION AND RELEASE**

By signing below I certify that I have read and understand this application and the job description for the position for which I am applying and that the answers given by me to the questions asked on this application and the statements made by me are true and complete to the best of my knowledge.

I understand, agree and acknowledge that falsification, omission or misrepresentation of any information called for in this application may result in the rejection of my application or, in the event I am hired, the termination of my employment at any time.

I authorize The Abraham Connection and/or its agents, including consumer reporting bureaus, to verify any and all of the information I have provided on this application.

I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for releasing this information.

I understand that the use of illegal drugs is prohibited during employment. If The Abraham Connection's policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date