





## Hmong International New Year, Inc.

1558 North 9<sup>th</sup> Street \* Fresno, CA 93703 \* Tel. (559) 487-1012 Fax: (559) 487-1015

If yes, please explain \_\_\_\_\_

Application for Volunteer continued...

### **Employment History**

List your last employers, assignments or volunteer activities, starting with the most recent, including military experience.  
Explain any gaps in employment in comments section below.

Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities:
	(    )	From	To	
Address				
Job Title		Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	\$	Per	

**Skills and Qualifications** – Summarize any special training, skills, licenses, certificates, and/or characteristics of your self that may qualify you as being able to perform job-related functions for the position, which you are applying for.

Reference(s):

List name and telephone number of two business/work references that are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Telephone	Years Known
	Area Code (    )	
	Area Code (    )	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships, which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organizations	Offices Held



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List any special accomplishments, publications, awards and or certificates:

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List any additional information you would like us to consider:

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It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representative for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

I understand that this application is for the time of event only. I understand that just as I am free to resign at any time, the employer reserves the right to terminate me at any time, with or without cause and prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for accommodation that would be required by the ADA.

**\* If you are under the age of 18, you need parents consent.**

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

Date: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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