



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

It is the policy of the National Council of La Raza to employ, train, compensate, and provide other terms and conditions of employment, without regard to a person's race, color, national origin, marital status, religion, age, disability, sex, sexual orientation, gender identity or expression, military/veteran status, political affiliation, personal appearance, family responsibility, disability or other characteristics protected by applicable law. If you need reasonable accommodation during the hiring process, please let us know.

This application must be completed in full. Please answer every question.

PERSONAL DATA/JOB INTEREST			
Last Name:		First	MI
Date of Application:			
Previous/Different last name used in Education/ Employment (for reference checking):			
Current Home Address:		City, State, and Zip Code:	
Previous/Permanent Address:		City, State, and Zip Code:	
Telephone (day):		Social Sec. No.:	
(evening):		Is Your Age Under 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Position Desired:		Date Available for Employment:	
How or by whom were you referred to us?		Salary Requirements:	\$
Have you previously applied with us or worked for us?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	Are you a relative of anyone who works for us?	<input type="checkbox"/> Yes <input type="checkbox"/> No Who?

Are you legally authorized to work in the U.S.? Yes No

Full School Name	City	State	Major Course or Subject	Dates Attended	Did You Graduate?	Degree
High School or Preparatory						
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School/Technical School						
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
College						
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School						
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School						
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you have any foreign language abilities pertinent to the position for which you are applying?

Do you have any certificates or licenses pertinent to the position for which you are applying?

WORK HISTORY

Are you currently subject to a non-compete, non-solicitation, employment agreement or any other obligation with another employer that could affect your ability to perform the job for which you are applying? If so, please submit documentation along with your application.

 Yes No

Starting with your current or most recent employment, list ALL work experience during at least the last ten years. Include self-employment, military service, work as a temporary or independent contractor, and summer and part-time jobs for at least the last ten years. Include at least your three most recent work experiences, if applicable. If you need more space, continue on back sheet. Must be completed in full for each employer.

Current/Previous Employer		Dates (Mo/Yr) And Salary		Position and Duties
Company Name:		Start Date:	End Date:	
Street Address:		Start Salary:	End Salary:	
City:	State:	Telephone Number:	When may we contact this employer?	
Reason For Leaving:			<input type="checkbox"/> Now <input type="checkbox"/> After acceptance of offer	
			Name and Title of Manager:	

Company Name:		Start Date:	End Date:	Position and Duties:
Street Address:		Start Salary:	End Salary:	
City:	State:	Telephone Number:	When may we contact this employer?	
Reason For Leaving:			<input type="checkbox"/> Now <input type="checkbox"/> After acceptance of offer	
			Name and Title of Manager:	

Company Name:		Start Date:	End Date:	Position and Duties:
Street Address:		Start Salary:	End Salary:	
City:	State:	Telephone Number:	When may we contact this employer?	
Reason For Leaving:			<input type="checkbox"/> Now <input type="checkbox"/> After acceptance of offer	
			Name and Title of Manager:	

Company Name:		Start Date:	End Date:	Position and Duties:
Street Address:		Start Salary:	End Salary:	
City:	State:	Telephone Number:	When may we contact this employer?	
Reason For Leaving:			<input type="checkbox"/> Now <input type="checkbox"/> After acceptance of offer	
			Name and Title of Manager:	

CONVICTIONS

Have you ever been convicted of a felony? Include all pleas of "guilty" or "no contest."**	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Have you been convicted of or imprisoned for a misdemeanor within the last seven years? **	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

** Note: Applicants need not disclose information pertaining to sealed or expunged conviction records.

If Yes to the above questions, please explain fully. This information will not necessarily bar an applicant from employment and, therefore, any uncertainty should be resolved in favor of disclosure. The nature and seriousness of the crime and date of conviction will be considered.

ADDITIONAL INFORMATION

State any additional information you believe is relevant to our considering you for the type of position you are seeking. This could include any specialized training or courses you have completed that will aid in evaluating your qualifications for the position you are seeking. You should feel free to attach a résumé.

EMPLOYMENT ELIGIBILITY

The Immigration Reform and Control Act of 1986 prohibits the employment of unauthorized aliens, and requires employers to verify the employment eligibility of all new employees. Any offer of employment made by the Company will be conditioned upon your providing the documentation required by law as evidence of your personal identity and your authorization to work in the United States.

NOTICE

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND THAT AN INDIVIDUAL SUBMIT TO TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

BUSINESS CONTACTS

Please list at least two people we may contact with reference to your application if unable to reach current/previous employer. Please do not include personal friends or relatives. These should be business-related contacts that you have known for at least two years.

Reference Name	Affiliation	Address	Phone Number

APPLICANT RELEASE AND ACKNOWLEDGEMENT

I understand that the National Council of La Raza (“NCLR”) requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. Therefore, I authorize NCLR to investigate my past employment, educational credentials, and other employment-related activities in considering me for employment and at any time during my employment if I am hired. I agree to cooperate in such investigations and hereby release those parties supplying such information to NCLR from all liability or responsibility with respect to information supplied. I understand that any offer of employment is contingent upon successful completion of an initial background investigation.

I agree that NCLR may use the information it obtains concerning me in the conduct of its business. I understand that such use may include the disclosure outside NCLR in those cases where its agents and contractors need such information to perform their functions, where NCLR legal interests and/or obligations are involved, or where there is a medical emergency involving me.

I understand that any employment with NCLR would not be for any fixed period of time. If I am hired, I may resign at any time, for any reason, or NCLR may terminate my employment at any time, with or without cause. I understand that my employment-at-will status may not be modified or changed except in writing and signed by the President & CEO.

I certify that my answers to questions and the information I have provided or will provide during the selection process (including on my résumé, in this application and any attachments) are true and accurate to the best of my knowledge and belief. I understand that if I make any material misrepresentation or omission on this application and any supplement thereto, during any interview, or in connection with the above-mentioned investigations, NCLR will not employ me or, if employed, will immediately discharge me, regardless of when such misrepresentation or omission is discovered.

My signature below acknowledges that I have read and understand the entire application and agree to the terms set forth in the application.

Applicant’s Signature:		Date:	
------------------------	--	-------	--