



# Healing Warriors Program

1044 West Drake Road, Ste 202, Fort Collins, CO. 80526

[HR@HealingWarriorsProgram.org](mailto:HR@HealingWarriorsProgram.org) | 970-776-8387

## EMPLOYMENT APPLICATION

### SECTION 1: EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Healing Warriors Program (the “Employer” and/or “Company”) is an equal employment opportunity employer. HWP follows a non-discrimination policy pursuant to United States of America Federal Law and Colorado State Law. It is the policy of Healing Warriors Program not to discriminate on the basis of race, color, ancestry, religion, national origin, age, gender (including pregnancy), gender identity, sexual orientation, physical or mental disability, marital, civil union or domestic partner status, military service, family medical history or genetic information, or any other factor protected by law in the hiring, promotion, payment or discipline of employees.

Healing Warriors Program will not discriminate against a person with a covered disability under the Americans with Disabilities Act in regard to employment practices, or terms, conditions, and privileges of employment.

If you are a person with a disability, you may request any needed reasonable accommodation to participate in the application process or interview process. This request should be made in advance so that we can make an accommodation. Reasonable accommodation will be made as appropriate to enable any employee or applicant to safely and properly perform the job applied for as requested and as appropriate.

### SECTION 2: APPLICANT’S PERSONAL INFORMATION – Please PRINT

First Name		Mid Initial		Last Name	
Address					
City		State		Zip	
Phone			Home Phone		
eMail					
Are you 18 years old or older?		Yes		No	
Are you legally eligible to work in the United States?		Yes		No	



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Position applying for:	
How did you hear about this position?	

Can you perform the duties for the job for which you are applying with or without a reasonable accommodation based on the job description? <i>If you are unsure of the requirements of the position, please ask the Company representative for more information prior to answering this question.</i>	Yes		No	
If the position for which you applied requires you to drive while on duty, do you have a valid driver's license?	Yes		No	
Have you served time in the military	Yes		No	
Do you have any relatives or a spouse employed by this organization?	Yes		No	
If yes, please provide names:				
Have you ever been employed by this organization before?	Yes		No	
If yes, give dates employed and indicate if employed under a different name.				

Income expected \$ \_\_\_\_\_

Have you ever filed an application with this organization before?

Yes

No

If yes, when and indicate if filed under a different name:

## SECTION 4: EMPLOYMENT HISTORY

(Please start with present or most recent employer)

**Current/Most Recent Employer**



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Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
(Print)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employment Dates (month/year) From \_\_\_\_\_ To \_\_\_\_\_

Starting Position/Title \_\_\_\_\_

Last Position/Title \_\_\_\_\_

Time in last position Years \_\_\_\_\_ Months \_\_\_\_\_

Wage/Rate of Pay Start \_\_\_\_\_ End \_\_\_\_\_

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

Reason for Leaving \_\_\_\_\_

Duties \_\_\_\_\_  
\_\_\_\_\_

May we contact your current supervisor or manager? Yes No

If no, why? \_\_\_\_\_

## Next Previous Employer

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
(Print)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employment Dates (month/year) From \_\_\_\_\_ To \_\_\_\_\_

Starting Position/Title \_\_\_\_\_

Last Position/Title \_\_\_\_\_

Time in last position Years \_\_\_\_\_ Months \_\_\_\_\_



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Wage/Rate of Pay      Start \_\_\_\_\_      End \_\_\_\_\_

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

Reason for Leaving \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

## Next Previous Employer

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
(Print)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employment Dates (month/year)      From \_\_\_\_\_ To \_\_\_\_\_

Starting Position/Title \_\_\_\_\_

Last Position/Title \_\_\_\_\_

Time in last position      Years \_\_\_\_\_      Months \_\_\_\_\_

Wage/Rate of Pay      Start \_\_\_\_\_      End \_\_\_\_\_

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

Reason for Leaving \_\_\_\_\_

Duties \_\_\_\_\_

## Next Previous Employer

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
(Print)                                      Number                                      Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



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Employment Dates (month/year) From \_\_\_\_\_ To \_\_\_\_\_

Starting Position/Title \_\_\_\_\_

Last Position/Title \_\_\_\_\_

Time in last position    Years \_\_\_\_\_                      Months \_\_\_\_\_

Wage/Rate of Pay      Start \_\_\_\_\_                      End \_\_\_\_\_

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

Reason for Leaving \_\_\_\_\_

Duties \_\_\_\_\_

## SECTION 5: EDUCATION

**High school** \_\_\_\_\_ City/State \_\_\_\_\_

Last year completed                      1                      2                      3                      4

Did you graduate?                      YES                      NO

**College** \_\_\_\_\_ City/State \_\_\_\_\_

Last year completed                      1                      2                      3                      4

Did you graduate?                      Yes                      No

If yes, what degree(s) did you obtain? \_\_\_\_\_

**Graduate Studies** \_\_\_\_\_ City/State \_\_\_\_\_

Last year completed                      1                      2                      3                      4

Did you graduate?                      Yes                      No

If yes, what degree(s) did you obtain? \_\_\_\_\_

**Business/Trade/Professional School** \_\_\_\_\_



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City/State \_\_\_\_\_

Last year completed                      1                      2                      3                      4

Did you graduate?                      Yes                      No

If yes, what degree(s) / certificate(s) did you obtain? \_\_\_\_\_

## SECTION 6: REFERENCES

### PERSONAL REFERENCES

Give the names of two (2) personal references of persons not related to you, whom you have known at least one (1) year:

Name	Address	Phone Number

### PROFESSIONAL REFERENCES

Give the names of two (2) professional references from supervisors, managers, administrators, or executive directors for whom you have worked:

Name	Address	Phone Number

## SECTION 7: PROFESSIONAL LICENSES, CERTIFICATIONS AND CREDENTIALS

Please indicate any job-related licenses, certifications, or credentials:

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**THE FOLLOWING SHALL BE FILLED OUT ONLY FOR DEVELOPMENT POSITIONS**

Please list the number of years of professional experience you have in the following areas:

Major Gifts Programs

\_\_\_\_\_

Individual, Business/Corporate, Church and Civic Group Giving

\_\_\_\_\_

Programs Annual Fund Programs

\_\_\_\_\_

Planned Giving Programs

\_\_\_\_\_

Capital Campaigns

\_\_\_\_\_

Grant Research/Writing

\_\_\_\_\_

Fundraising/Event Management

\_\_\_\_\_

Marketing/Social Media

\_\_\_\_\_

## SECTION 8: APPLICANT STATEMENT OF AGREEMENT

I certify that all information I have provided in order to apply for and secure work with Employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the Employer's service, whenever it is discovered.

I expressly authorize, without reservation, the Employer, 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 by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the Employer, its agents, or representatives, for seeking, gathering, dispersing and using such information in the employment process and all other persons, corporations or organizations for furnishing same.

I understand that 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.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I agree to immediately notify the Employer if I should be convicted of a felony or any crime involving



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dishonesty, breach of trust, controlled substances, sexual misconduct, abuse or violence, while my job application is pending or, during my period of employment, if hired.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and Employer reserves the right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by 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 Employer is authorized to make any assurances 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 signed by the an authorized representative of Employer.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT AGREEMENT.**

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

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**This application will be kept on file for 90 days. You need to complete another application to be reconsidered after this date.**