



For Office Use Only	
Date Received:	
Received By:	

This Application form will be considered current for 60 days only. At the end of this period, if you are still interested in employment, it will be necessary for you to reapply by completing a new Application form. The employment relationship with employees is at-will and voluntary. This Application is not a contract of employment. Homes of Hope is an Equal Opportunity Employer. Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

### Employment Application

#### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_

City State ZIP Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Date Available: \_\_\_\_\_ Desired Salary per hour: \$ \_\_\_\_\_ Desired Salary per year: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

#### Days Available to Work (Check all that Apply)

- Mornings:** Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday
- Afternoons:** Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday
- Evenings:** Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

	YES	NO		YES	NO
Do you possess a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have reliable transportation?	<input type="checkbox"/>	<input type="checkbox"/>
Are you at least 18 years of age?	<input type="checkbox"/>	<input type="checkbox"/>	Are you authorized to work in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>

We reserve the right to conduct a thorough background check on all finalists. A conviction (anything for which you have been found guilty of or pled guilty of in a court of law or for which you entered a plea of no contest) will not necessarily disqualify you from employment. However, failure to reveal information about these matters below (excluding minor traffic violations) may disqualify you from employment.

Have you ever pled guilty or no contest to, or been convicted of, a misdemeanor or felony? YES NO

If yes, explain: \_\_\_\_\_

**Education**  
Attach additional sheets, if necessary.

High School/ GED: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Diploma: \_\_\_\_\_

College: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

Business/Technical: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

Other qualifications such as special skills, abilities or honors that should be considered: \_\_\_\_\_

\_\_\_\_\_

Types of computers, software, and other equipment you are qualified to operate or repair: \_\_\_\_\_

\_\_\_\_\_

Professional licenses, certifications or registrations: \_\_\_\_\_

\_\_\_\_\_

Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## Previous Employment

Account for all periods up to ten (10) years, including and periods of unemployment, self-employment, school attendance, etc.; attach additional sheets if necessary; do NOT reference your resume.

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers to the foregoing questions are true and accurate without any consequential omissions of any kind whatsoever. I understand that if I am employed by Homes of Hope any false, misleading or otherwise incorrect statements made on this Application form or any online applications or questionnaires or during any telephone or in-person interviews may be grounds for my immediate discharge.*

*I hereby authorize Homes of Hope to contact any company or individual it deems appropriate in order to investigate my employment history, education, character and qualification, and I give my full and complete consent to their revealing any and all information they wish as a result of that investigation. In addition, I hereby waive my right to bring any cause of action against Homes of Hope, or these companies or individuals for defamation, invasion of privacy or any other reason because of their statements.*

*I authorize Homes of Hope to request any and all law enforcement agencies which have information about me to release any history, record or information concerning me maintained by that agency including but not limited to the results of and reports concerning any investigations, any and all documentation, test results or information of any type obtained from any source during the course of such investigations.*

*I agree that, if I am employed, I will abide by all the policies, rules and regulations of Homes of Hope. I understand that the taking of drugs and alcohol tests, when given pursuant to policy, are a condition of employment or continued employment and refusal to take such tests when asked may be grounds for my immediate discharge.*

*I further acknowledge that nobody in Homes of Hope is authorized to enter any written or verbal employment contracts with me for any definite period of time without the express written consent from the Executive Director.*

**I ALSO UNDERSTAND THAT EMPLOYMENT AT HOMES OF HOPE IS "AT-WILL" AND MAY BE TERMINATED BY MYSELF OR BY HOMES OF HOPE AT ANY TIME FOR ANY REASON, OR NO REASON AT ALL, WITH OR WITHOUT NOTICE.**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**