

# Employment Application



Homes Of Hope Inc.  
705 E. Lincoln Street Suite 313  
Normal IL 61761  
(309) 862-0607  
[hrcoordinator@homesofhopeinc.org](mailto:hrcoordinator@homesofhopeinc.org)

Equal Opportunity Employer

## Applicant Information

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

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

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

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

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

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

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

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

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

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



## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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

1. Complete all the required information on this application
2. Upon completion Save a copy of this application on your Desktop
3. Email the Saved completed application to [hrcoordinator@homesofhopeinc.org](mailto:hrcoordinator@homesofhopeinc.org)
4. You may also Print and Mail the completed application to the address provided at the top of this application

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### FOR OFFICE USE ONLY

### DO NOT WRITE BELOW THIS LINE - FOR EMPLOYER USE ONLY

INTERVIEWED BY:

\_\_\_\_\_

DATE:

\_\_\_\_\_

COMMENTS:

HIRE: YES NO

POSITION:

\_\_\_\_\_

REPORT DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_