

Employment Application



Homes of Hope Inc. (HoH)
705 E Lincoln Street Suite 313
Normal, IL 61761

(309)862-0607

www.homesofhopeinc.org

Current Date

Name:

Address:

State/Province:

Zip/Postal Code:

SSN

Phone Number

Phone Number

Positions Applied for:

Hours Available to Work:

Place X in boxes for available days

Schedule includes mandatory weekend rotations

Mon	<input type="text"/>	From:	<input type="text"/>	<input type="radio"/> AM	To:	<input type="text"/>	<input type="radio"/> PM
Tues	<input type="text"/>	From:	<input type="text"/>	<input type="radio"/> AM	To:	<input type="text"/>	<input type="radio"/> PM
Wed	<input type="text"/>	From:	<input type="text"/>	<input type="radio"/> AM	To:	<input type="text"/>	<input type="radio"/> PM
Thurs	<input type="text"/>	From:	<input type="text"/>	<input type="radio"/> AM	To:	<input type="text"/>	<input type="radio"/> PM
Fri	<input type="text"/>	From:	<input type="text"/>	<input type="radio"/> AM	To:	<input type="text"/>	<input type="radio"/> PM
Sat	<input type="text"/>	From:	<input type="text"/>	<input type="radio"/> AM	To:	<input type="text"/>	<input type="radio"/> PM
Sun	<input type="text"/>	From:	<input type="text"/>	<input type="radio"/> AM	To:	<input type="text"/>	<input type="radio"/> PM

Full-Time part-time Full or part-time

Date available to begin work?

Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School			
College Bus. or Trade School			
Professional School			
Other			

Have you ever been convicted of a crime: yes no

If yes, please explain

Do you have a valid IL drivers license? yes no

Have you had any accidents in the past 3 years? yes no

How many?

Do you had any moving violations in the past 3 years? yes no

How many?

Continue on the next page

Previous Employment (list up to 3)

1.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

2.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

3.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

Skills:

Typing:

Computer:

PC

Mac

Both

Applications (list all that apply):

Other Skills:

Please list 2 references other than relatives and previous employers

Name		
Position		
Company		
Telephone		

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

Signature Required _____

Select Date