



APPLICATION FOR EMPLOYMENT

HOMES OF HOPE, INC

Email to: latanzapsc@homesofhopeinc.org

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

Date: _____

Name: _____ Social Security No.: _____
Last First Middle

Present Address: _____

Email: _____ Phone No.: _____

Are you legally eligible for employment in the U.S.A.? Yes ___ No ___ (If yes, verification will be required)

Are you 18 years or older? _____ Position(s) applied for: _____

Were you previously employed by us? _____ If yes, when? _____

Do you have a valid Driver's License? _____ Proof of Insurance?: _____

(Employment at Homes of Hope requires a valid Driver's License and Proof of Insurance.)

Application for: _____ Full-time _____ Part-time Available Start Date: _____

Who referred you for this position? _____

Have you been convicted of a felony within the last 7 years? _____ Yes _____ No

(Conviction will not necessarily disqualify an applicant from employment.)

Highest level of education completed, name of school, address and year graduated/graduating (Diploma/transcripts must be provided upon hiring.) Please include High School diploma or GED.

List present and past employment, beginning with your most recent:

1. Name and Address of Company and Type of Business

Dates of Employment: _____ Ending Salary: _____

Phone: _____ Supervisor: _____

Describe the work you did:

List present and past employment, beginning with your most recent:

2. Name and Address of Company and Type of Business

Dates of Employment: _____ Ending Salary: _____

Phone: _____ Supervisor: _____

Describe the work you did:

3. Name and Address of Company and Type of Business

Dates of Employment: _____ Ending Salary: _____

Phone: _____ Supervisor: _____

Describe the work you did:

List all relevant professional licenses/certifications you possess:

Personal References (Not former Employees or Relatives)

1. Name: _____ Address: _____

Phone: _____

2. Name: _____ Address: _____

Phone: _____

3. Name: _____ Address: _____

Phone: _____

Military Service Record:

Were you in the U.S. Armed Forces? Yes _____ No _____ If yes, what Branch? _____ Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for?

I hereby authorize Homes of Hope to contact employers and personal references listed for information to verify verbally or in writing about my qualifications regarding employment at Homes of Hope. I also understand that background checks will be performed and are mandatory to hold a position within Homes of Hope agency. I hereby certify that all information on this application is correct and to the best of my knowledge. I understand intentional falsification of information in this document may be grounds for dismissal if hired. I further understand that this application is not a contract of employment.

Signature of Applicant

Date