



## APPLICATION FOR EMPLOYMENT

House of Hope is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, age, sex, marital status, national origin, disability or handicap, or veteran status.

### PERSONAL:

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Position Desired \_\_\_\_\_

Can you perform the essential functions of the position for which you are applying?

\_\_\_ Yes \_\_\_ No If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer the question.)

\_\_\_\_\_  
\_\_\_\_\_

When would you be available to begin work? \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_ Yes \_\_\_ No  
(Proof of identity and eligibility will be required upon employment.)

Are you more than 18 years old? \_\_\_ Yes \_\_\_ No  
(If no, you may be required to provide authorization to work.)

Have you worked for this company before \_\_\_ Yes \_\_\_ No

If yes, please give dates and position. \_\_\_\_\_

Do you have any relatives or friends who work for the company? \_\_\_ Yes \_\_\_ No

If yes, who and where do they work? \_\_\_\_\_

During the past 10 years, have you ever been convicted of a crime, other than a minor traffic offense?  
\_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)

**EDUCATION:**

**High school:** Number of years completed (circle one) 1 2 3 4

Diploma:  Yes  No

GED:  Yes  No

School(s) \_\_\_\_\_

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

**College and/or vocational school:** Number of years completed (circle one) 1 2 3 4

School(s) \_\_\_\_\_

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

Major \_\_\_\_\_

Degrees earned \_\_\_\_\_

Other training or degrees:

School(s) \_\_\_\_\_

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

Course \_\_\_\_\_

Degree or certificate earned \_\_\_\_\_

**PROFESSIONAL LICENSE OR MEMBERSHIP**

Type of license(s) held \_\_\_\_\_

State of Florida license number \_\_\_\_\_

License expiration date \_\_\_\_\_

Other professional memberships \_\_\_\_\_

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

**EMPLOYMENT**

List last employer first, including U.S. military service.

May we contact your present employer?  Yes  No

If any employment was under a different name, indicate name \_\_\_\_\_

**Employer** \_\_\_\_\_ **Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Position** \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ (Mo/Yr) To \_\_\_\_\_ (Mo/Yr)

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_ FT  PT  Number of hours \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Employer** \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ (Mo/Yr) To \_\_\_\_\_ (Mo/Yr)

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_ PT \_\_ Number of hours \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Employer** \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ (Mo/Yr) To \_\_\_\_\_ (Mo/Yr)

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_ PT \_\_ Number of hours \_\_\_\_\_

Reason for leaving \_\_\_\_\_

If you wish to describe additional work experience, provide the above information for each position on a separate piece of paper.

Explain any gaps in work history: \_\_\_\_\_

\_\_\_\_\_

Have you ever been terminated or asked to resign from a job? \_\_\_\_ Yes \_\_\_\_ No

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

Please indicate any experience, special training and qualifications you have that you feel are relevant to the position for which you are applying.

\_\_\_\_\_

\_\_\_\_\_

## PERSONAL REFERENCES

Please list people who know you well, not relatives or previous employers.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_  
Number of Years Known \_\_\_\_\_  
Occupation \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_  
Number of Years Known \_\_\_\_\_  
Occupation \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_  
Number of Years Known \_\_\_\_\_  
Occupation \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_  
Number of Years Known \_\_\_\_\_  
Occupation \_\_\_\_\_

### APPLICANT'S CERTIFICATION AND AGREEMENT:

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize House of Hope to verify their accuracy and to obtain reference information on my work performance. I hereby release House of Hope from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the employer may terminate my employment at any time with or without notice or cause. I understand that House of Hope may obtain public records about me as part of a background investigation and that I may waive my right to receive a copy of such public records by checking the box to the right [\_\_\_].

I further understand that House of Hope may contact my previous employers. I authorize those employers to disclose to House of Hope all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to House of Hope, and release them from any and all liability, claims or damages that may directly or indirectly result from the use, disclosure or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide House of Hope with any pertinent information they may have regarding me.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_