

APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classification.

Name _____ Date _____

Address _____ street _____ city _____ state _____ zip _____

Telephone number _____

Are you over 21 years of age? Yes No Email address: _____

Are you authorized to work in the U.S. on a restricted basis? Yes No

How did you learn of this opening? _____

Have you worked here before? Yes No

If Yes, please list the dates of Employment _____ to _____

Have you been told the essential functions of the job or have you been shown a copy of job description listing the essential functions of the job? Yes No

Can you perform these essential functions with or without reasonable accommodation? Yes No

Are there any hours, shifts or days you cannot or will not work? _____

Shift preferred _____ Part-time _____ Full-time _____

Are you willing to work overtime as required? Yes No

Have you ever been convicted of a felony? Yes No
(Conviction will not necessarily disqualify an applicant for employment.)

Describe conditions:

Do you have a valid driver's license? Yes No

Do you have current auto insurance? Yes No

Can you provide proof of insurance?

Education	Name & Location of School	Year Graduated	Major	Diploma/Degree
High School		N/A	N/A	
College/University				
College/University				
Other Training/Ed				

In addition to your work history (reverse side), what other specific experiences, skills, or qualifications have helped prepare you for work with our organization?

Positions applied for: 1. _____ 2. _____

Wage or salary desired: \$ _____ When can you start? _____

WORK HISTORYMay we contact your present employer? Yes No

Most Recent Employer	Address	Telephone
Date Started:	Starting Position	
Starting Salary: \$ _____ Per _____		
Date Left:	Position on Leaving	
Salary on Leaving: \$ _____ Per _____		
Name & Title of Supervisor	Reason for Leaving	
Descriptions of Duties		

Previous Employer	Address	Telephone
Date Started:	Starting Position	
Starting Salary: \$ _____ Per _____		
Date Left:	Position on Leaving	
Salary on Leaving: \$ _____ Per _____		
Name & Title of Supervisor	Reason for Leaving	
Descriptions of Duties		

Previous Employer	Address	Telephone
Date Started:	Starting Position	
Starting Salary: \$ _____ Per _____		
Date Left:	Position on Leaving	
Salary on Leaving: \$ _____ Per _____		
Name & Title of Supervisor	Reason for Leaving	
Descriptions of Duties		

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that background checks will be done and that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Agency to make an investigation of any of the facts set forth in this application.

Federal law obligates us to provide a reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process or to perform any essential elements of the position sought.

HopeSpoke is an E-Verify participant. As an E-verify participant we are required to verify all newly hired employees, born U.S. citizens and non-citizens. HopeSpoke may not verify selectively and must verify all new hires while participating in the E-Verify program. The program may not be used to pre-screen applicants for employment, re-check employees hired before the company signed the Memorandum of Understanding (MOU), or re-verify employees who have temporary work authorization.

I understand that employment at this Agency is "at-will," which means that either I or the Agency can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor or manager of the Agency, other than the Executive Director, in writing, has any authority to alter the foregoing.

Date: _____ Applicant's Signature _____