



Application for Employment
An Equal Opportunity Employer

PERSONAL INFORMATION

Date _____

Name _____
(Last) (First) (Middle)

Address _____ City _____ State _____ Zip _____

Phone Number _____ Are you at least 18 years of age? yes no If no, date of birth _____

Are you a U.S. citizen or are you authorized to work in the U.S.? yes no

Have you ever applied to Hope Shores Alliance? yes no If yes, when? _____

Have you ever been employed by Hope Shores Alliance? yes no If yes, give dates and position.

How did you become aware of this opening?
(please check one)

- Newspaper
 Job Opportunities bulletin
 Other (please explain) _____
 Employee referral
 Job Posting

POSITION INFORMATION

- full time
 part time
 temporary

Date available for employment: _____ Salary desired _____

Position for which you are applying: _____

EDUCATION (supply names and addresses of schools attended)

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

	Dates attended	Did you graduate? (yes/no)	Degree or License Received	Major/Minor or Specialization
High School				
College				
Graduate				
Other				

Member of the following professional organizations:

Describe any skills or experiences that may assist you in performing the job for which you are applying _____

Do you have computer skills/experience? yes no

Specify software/programs: _____

EMPLOYMENT HISTORY

If you are currently employed, may we contact your present employer? yes no

List your present or most recent employer first; please include experience gained through volunteer work.

From (Mo-Yr)	To (Mo-Yr)	Job Title or Occupation	Salary:	Start	End
Employer Name			Phone Number		
Address			Supervisor Name		

Description of Duties:

Reason for Leaving: _____

From (Mo-Yr)	To (Mo-Yr)	Job Title or Occupation	Salary:	Start	End
Employer Name			Phone Number		
Address			Supervisor Name		

Description of Duties:

Reason for Leaving: _____

From (Mo-Yr)	To (Mo-Yr)	Job Title or Occupation	Salary:	Start	End
Employer Name			Phone Number		
Address			Supervisor Name		

Description of Duties:

Reason for Leaving: _____

REFERENCES:

Personal Reference Name: _____ Telephone: _____

Address: _____

Professional Reference Name: _____ Telephone: _____

Address: _____

Professional Reference Name: _____ Telephone: _____

Address: _____

My signature below hereby authorizes Hope Shores Alliance to contact my references for the exact purpose of obtaining employment reference information. My permission to obtain this information is in effect for 30 days beginning with the date of application. This authorization will be voided on the thirty-first day following my signature.

A. Have you used another name(s) while employed (Other than name used on the application)? yes no If yes, please indicate:

B. List all convictions for any offense other than minor traffic violations, and all pending criminal charges (No applicant will be denied a position because of a conviction for any offense, or because of a pending criminal charge that is not substantially related to the circumstances of the job(s) sought).

If submitting via e-mail, your typed name will be treated as your signature.

I certify that the facts in this application are true and complete to the best of my knowledge. I authorize Hope Shores Alliance to investigate the statements I have made herein and I release the agency and its representatives for their acts performed in connection with investigating my application and qualifications. I further authorize any party listed in this application to release any information they have about me to Hope Shores Alliance and I release them and their representatives from any and all liability for providing such information. I understand that if any of the information in this application is false or misleading, Hope Shores Alliance may deny my employment or terminate my employment, and I agree that Hope Shores Alliance will not be liable if it does so. I understand that under federal law, employment must be terminated for failure to present documentation establishing my identity and eligibility for U.S. employment within the designated time limits following my acceptance of any offer of employment. I understand that if I am employed, I will be an employee-at-will, and my employment can be terminated at will by me or by Hope Shores Alliance without cause.

Signature: _____

Date: _____