

Mission-Hope Day Program

An Equal Opportunity Employer

EMPLOYMENT APPLICATION

Program Location: _____

Full Name: _____ Date: _____

Last Name First Name M.I.

Present Address: _____

No. & Street Apartment/Unit #

City State ZIP Code

Phone: _____ Email Address: _____

Employment Desired

Position Applying for: _____

PERSONAL INFORMATION

How did you hear about our company and this job opening? _____

Have you ever applied to or worked for Mission Hope before? YES NO

If yes, When? _____

If hired, would you have reliable means of transportation to and from work?..... YES NO

Are you at least 18 years old? YES NO

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?..... YES NO

If no, describe the functions that cannot be performed:

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and to skill and agility tests)

EDUCATION, TRAINING AND EXPERIENCE

<u>School</u>	<u>Name and Address</u>	<u>No. of Years Completed</u>	<u>Did you Graduate?</u>	<u>Degree or Diploma</u>
High School	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
	Name _____			
	Address _____			
.....				
College/ University	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
	Name _____			
	Address _____			
.....				
Vocational/ Business/ Health Care Training	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
	Name _____			
	Address _____			
.....				
Special Skills Certification	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
	Name _____			
	Address _____			

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for the work? YES NO

If so, please explain:

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer.

Name of Employer _____	Phone Number _____
Type of Business _____	Your supervisor's Name _____
Address and Street _____	City _____ State _____ Zip Code _____
Dates of Employment: From: _____ To: _____	
Current Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Your Position and Duties: _____	
Reason for Leaving: _____	
May we contact this employer for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	

 Name of Employer _____
 Phone Number

 Type of Business _____
 Your supervisor's Name

 Address and Street _____
 City State Zip Code

Dates of Employment: From: _____ To: _____

Current Employer? YES NO

Your Position and Duties: _____

Reason for Leaving: _____

May we contact this employer for a reference? YES NO

REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years.

 First Name _____
 Last Name _____
 Phone Number

 Address and Street _____
 City _____
 State _____
 Zip Code

 Occupation _____
 No of Years Acquainted

.....

 First Name _____
 Last Name _____
 Phone Number

 Address and Street _____
 City _____
 State _____
 Zip Code

 Occupation _____
 No of Years Acquainted

.....

 First Name _____
 Last Name _____
 Phone Number

 Address and Street _____
 City _____
 State _____
 Zip Code

 Occupation _____
 No of Years Acquainted

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials

I hereby certify that I have not withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be ground for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize Mission Hope Day Program to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other groups, corporations, partnerships and associations from any and all claims, demands or liabilities arising out or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initials

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

The Company will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws

Applicant's Signature: _____ Date: _____