

APPLICATION FOR EMPLOYMENT FOR TAILS OF HOPE, INC.

An Equal Opportunity Employer

All qualified applicants will receive consideration for employment without regard to race, color, ancestry, ethnic background, national origin, gender, sexual orientation, marital status, religion, age, pregnancy, disability, gender identity, results of genetic testing, genetic profile, military service, citizenship, or any other characteristic protected by law.



First Name:	Middle Name:	Last Name:
REFERRAL SOURCE		
Do you know anyone who works for TOH? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who:		
How did you hear about us? Please be specific:		
WORK HISTORY Include last seven (7) years of employment history, including periods of unemployment.		
Current Employer		
Job Title:	Start date:	/ /
Company Name:	Supervisor's Name:	
Address/City/State:	Zip:	Phone:
Responsibilities:		
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Employer		
Job Title:	Start date:	/ /
Company Name:	Supervisor's Name:	
Address/City/State:	Zip:	Phone:
Responsibilities:		
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Employer		
Job Title:	Start date:	/ /
Company Name:	Supervisor's Name:	
Address/City/State:	Zip:	Phone:
Responsibilities:		
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PROFESSIONAL REFERENCES Include persons not related to you, whom you have known at least three (3) years.		
Full Name:	Company/Relationship:	
Address:	Phone Number:	
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First Name:	Middle Name:	Last Name:
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ACKNOWLEDGEMENT/EMPLOYEE BACKGROUND CHECK AUTHORIZATION

Please read carefully, initial each paragraph, and sign below.

(initials) I certify that I have not knowingly 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 on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of time elapsed before discovery.

(initials) I hereby authorize TAILS OF HOPE, INC. to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize references I have listed to disclose to the Organization 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 Organization, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

(initials) I understand that nothing contained in the application, or conveyed during my interview which may be granted, or during my employment, if hired, is intended to create an employment contract between me and the Organization. In addition, I understand and agree that if I am employed, my employment is 'at-will,' 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 Organization, and that no promises or representations contrary to the foregoing are binding on the Organization unless made in writing and signed by me and the Organization's designated representative.

(initials) Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgement) be conducted by internal personnel employed by the Organization, I am entitled to copies of any such public records obtained by the Organization unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

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Applicant Signature:	Date:
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REV 62021