



## Job Application

Project Hope, Inc.  
6201 N 60th Street  
Omaha, NE 68104

402/453-7649  
www.projecthopeomaha.org

Please complete each section EVEN IF you attach a resume.

Applicant Information				
Please provide all information and legible or application may not be processed.				
Last Name	First Name	MI	Social Security #	Email Address
Street Address	City	State	Zip Code	Phone Number
What position are you applying for?		How did you hear about this position?		
Date you are available to begin work:		Your desired wage / salary: \$ <input type="checkbox"/> per Hour or <input type="checkbox"/> Salary per Week		
Are you a citizen of the United States? Yes No		If no, are you legally authorized to work unrestricted in the U.S.? Yes No		
Are you 18 years of age or older? Yes No		Are you a veteran? Yes No If yes, Branch of Service: Rank at Discharge: Type of Discharge:		
Have you been convicted of a felony, misdemeanor, or criminal violation other than a minor traffic incident? Yes No If yes, Date(s) and Explain:				

Work Experience (3 most recent)			
Employment Information	Current or Most Recent	1st Prior	2nd Prior
Employer Name			
Street Address			
City, State & Zip Code			
Telephone Number			
Name of Supervisor			
Dates of Employment	Start End	Start End	Start End
Job Title and Duties			
Ending Wage / Salary	\$ <input type="checkbox"/> per Hour <input type="checkbox"/> Salary per Week	\$ <input type="checkbox"/> per Hour <input type="checkbox"/> Salary per Week	\$ <input type="checkbox"/> per Hour <input type="checkbox"/> Salary per Week
Reason for Leaving			
Contact Person			

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## Education Information Please list education or training you feel relates to the position applying for.

Level of Education	High School	Trade School / College / Univ.	Trade School / College / Univ.
School Name			
Street Address			
City, State & Zip Code			
Dates Attended (M/YR)	Start                      End	Start                      End	Start                      End
Course of Study			
Level / Degree Obtained			
Reason for Leaving			
Contact Person			

## Personal References Please list three references not related to you with complete contact information.

Reference Information	Reference #1	Reference #2	Reference #3
Name			
Street Address			
City, State & Zip Code			
Telephone Number			
Email Address			
Relationship To You			

## Certification and Disclaimer Please sign below to acknowledge your understanding of these statements.

This employer is an Equal Opportunity Employer committed to excellence through diversity.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false statements, omissions, or misleading information in my application or interview may result in my employment being terminated. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references and employers on this application.

I acknowledge and understand that this company is an “at will” employer. Therefore, any employee may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_