



**Only Hope WNC, Inc.**

**Employment Application**

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

If hired, can you furnish proof you are eligible to work in the U.S.? \_\_\_\_\_

Are you seeking: Full-time, Part-time, temporary employment? \_\_\_\_\_

Availability Dates & Times: \_\_\_\_\_

Potential Start Date: \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Have you had your driver's license suspended or revoked in last 3 years? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Education:**

School	Dates Attended	Address	Years completed	Awards

Please list any certificates, skills, or other accomplishments: \_\_\_\_\_

\_\_\_\_\_

**Past Employment:**

Agency	Dates Worked	Address	Phone Number	Duties

What skills or additional training do you have that relate to the job for which you are applying? \_\_\_\_\_

\_\_\_\_\_

**References: 2 Professional, 1 Personal**

Name	Phone Number	Address	Relationship

Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest." Exclude minor traffic violations. (A conviction will not necessarily disqualify an applicant for employment.)

\_\_\_\_\_

Have you ever been convicted of a Felony? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been suspected of child abuse or child neglect? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Optional Additional Information**

Please use this space to provide any additional information you believe would be helpful in reviewing your application

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**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

**I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements.

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

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