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.

Please type or print clearly. Attach resume, cover letter and additional pages as necessary.

Incomplete information could disqualify you from further consideration.			Date of Applic	ation:	/	/
Position Desired:			Referred by:			
PERSONAL INFORMATION						
First Name:	Middle Name:		Last Name:			
Other names you have used, including m	aiden name and date(s) of	name change	s:			
Current Home Address:						
Current Mailing Address:						
Have you lived in any other state? \Box Ye	s 🗆 No 🛮 If yes, list sta	tes & dates:				
Home Phone: Business Phone:		Cell Phone:				
Currently Employed? ☐ Yes ☐ No	rrently Employed? Yes No Start Date Desired: / /		Salary Desired:			
POSITION INFORMATION						
☐ Full-time	Are you able to work 4/10 shifts, plus Status Desired: some OT and weekends as required? ☐ Regular ☐ Temp ☐ Yes ☐ No ☐ Contract			porary		
If employed in this position, would you be in a su	upervisory or subordinate relation	onship to any fa	mily member?	☐ Yes	□ No	
If hired, would you have reliable means of transportation to and from work obligations?						
If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in the U.S.?						
Have you ever been terminated from employment or asked to resign by an employer? If yes, attach details.						
(If you have any question as to what functions a you answer this question.)		-	-			_
QUALIFICATIONS List any education, training	g, or volunteer experience relat	ed to the positi	on desired. Omit	t any orga	anization	which
reflects your race, color, religion, age, se School Name						
Address/City/Sta	No. of years te completed	Did you graduate?	Degree received	Areas o	f Speciali	zation
H.S./GED:	COMBILIE	ETOGOGIC:	TCCCIVCO			
College:						
Other:						
Other:						
Other:						
SPECIAL SKILLS, HONORS, RECOGNITION Omit any organization which reflects your race,					and offices	s held.

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First Name:	Middle Name:	Last Name:					
REFERRAL SOURCE							
Do you know anyone who works for TO	H? \square Yes \square No If yes, who	•					
How did you hear about us? Please be s	specific:						
WORK HISTORY Include last seven (7)	years of employment history	, including per	riods of unem	ploymen	t.		
	Current Employ	/er					
Job Title:		Start date:	/		/		
Company Name:		Supervisor's N	Name:				
Address/City/State:		Zip:	Phone:				
Responsibilities:							
Reason for Leaving:		May we conta	act this emplo	oyer?	☐ Yes	□ No	
	Previous Emplo	yer					
Job Title:		Start date:	/		/		
Company Name:		Supervisor's N	Name:				
Address/City/State:		Zip:		Phone:			
Responsibilities:							
Reason for Leaving:		May we conta	act this emplo	oyer?	☐ Yes	□ No	
Previous Employer							
Job Title:		Start date:	/		/		
Company Name:		Supervisor's N	Name:				
Address/City/State:		Zip: Phone:					
Responsibilities:							
Reason for Leaving:		May we conta	act this emplo	oyer?	☐ Yes	□ 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:					
Full Name:		Company/Relationship:					
Address:		Phone Number:					
Full Name:		Company/Rel	ationship:				
Address:		Phone Number:					

2450 Hoezle Road | Hermitage, PA 16148 | tailsofhopewpa.org 724.346.4673 (HOPE)

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First Name:		Middle Name:	Last Name:			
ACKNOWLE	ACKNOWLEDGEMENT/EMPLOYEE BACKGROUND CHECK AUTHORIZATION					
Please read	Please read carefully, initial each paragraph, and sign below.					
		owingly withheld any information that mi				
(initials)	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.					
	I hereby authorize TAILS O	F HOPE, INC. to thoroughly investigate m	ny references, work record, education,			
(initials)	·					
		ation any and all letters, reports, and other				
		other persons, corporations, partnerships	on, I hereby release the Organization, my sand associations from any and all			
		ies arising out of or in any way related to				
	I understand that nothing	contained in the application, or conveyed	d during my interview which may be			
(initials)	granted, or during my employment, if hired, is intended to create an employment contract between the Organization In addition, I understand and agree that if I am employed, my employment is 'at-					
	_	e period and may be terminated at any ti				
		the Organization, and that no promises o				
	foregoing are binding on t designated representative	he Organization unless made in writing a	and signed by me and the Organization's			
	designated representative	•				
	Should a search of public i	ecords (including records documenting a	n arrest, indictment, conviction, civil			
(initials)		outstanding judgement) be conducted by				
	Organization, I am entitled to copies of any such public records obtained by the Organization unless I mar 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		on, ramendice to a copy of such			
	☐ I waive receipt of a co	by of any public record described in the p	paragraph above.			
ACKNOWLEDGEMENT/EMPLOYEE BACKGROUND CHECK AUTHORIZATION						
Applicant Sig	gnature:		Date:			

REV 62021