THE CENTER OF HOPE MINISTRY

Application for Employment – OVERNIGHT CLIENT SERVICES

PLEASE TELL US ABOUT YOURSELF

Name (print): First _____ Middle I. _____ Last _____ Name Used: _____ Date _____

Present Address _____ City _____ State _____ Zip _____

Primary Telephone _____ Cell Phone (if applicable) _____

Email Address _____

Do you have a reliable means of communicating? ☐ Yes ☐ No (Ie. do you have cell service or require Wi-Fi data)

Do you have a reliable means of transportation? ☐ Yes ☐ No

If hired, can you provide verification of your legal right to work in the U.S.? ☐ Yes ☐ No (PROOF OF ELIGIBILITY IS REQUIRED UPON EMPLOYMENT)

Have you ever been convicted of a felony? ☐ Yes ☐ No

If so, please indicate the crime, date of conviction, nature of circumstances, state in which offense occurred, and disposition:

_____

_____

Note: Please do not answer yes or provide any information about convictions that have been erased, expunged, sealed, pardoned, set aside, vacated, annulled or otherwise eradicated by a court." A "yes" response will not necessarily disqualify an applicant from employment. Failure to answer this question accurately could cause denial of employment or termination of employment.

AVAILABILITY

Please list days and hours (from 6pm-8am) available to work below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
FROM						
TO						

Limitations to Availability: _____

PREVIOUS EMPLOYMENT HISTORY

PLEASE LIST YOUR THREE MOST RECENT JOBS:

Name & Address of Employer _____

Employed From _____ To _____ Phone # _____ Supervisor _____ Wage rate _____ Reason for Leaving _____

Name & Address of Employer _____

Employed From _____ To _____ Phone # _____ Supervisor _____ Wage rate _____ Reason for Leaving _____

Name & Address of Employer _____

Employed From _____ To _____ Phone # _____ Supervisor _____ Wage rate _____ Reason for Leaving _____

Relevant skills

_____

VOLUNTEER HISTORY

Name & Address of Organization_____

From To Type of volunteer work? Who can verify? Phone #

_____

THE CENTER OF HOPE MINISTRY

Application for Employment (continued)

EDUCATION

High School (Last attended) _____ Location _____ Did You Graduate? ☐ Yes ☐ No

College & Vocational Schools | Location | Did You Graduate? | If yes, Degree & Major | Grade Pt. Avg.

_____ _____ ☐ Yes ☐ No _____ _____

_____ _____ ☐ Yes ☐ No _____ _____

PERSONAL BACKGROUND

Please list job-related awards and/or leadership positions held (work or school)

_____

_____

MILITARY SERVICE

☐ Yes ☐ No Branch _____ Rank_____ Start Date _____ End Date _____

Relevant skills

_____

_____

REFERENCES

Please provide four references (for example, current or past employers or supervisors; teachers; others familiar with your job qualifications).

Name	Address	Phone	Relationship	Years Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN

I understand that I am applying for employment. I further understand that completion of this application does not indicate that there are any positions currently open and does not obligate the organization to hire me.

I certify that all of the answers given in this application are true and complete to the best of my knowledge and that I have personally completed this application. I understand that providing false or misleading information or omitting pertinent information in my application or a job interview shall be grounds for rejection of this application or for immediate discharge if I am employed.

I understand that if I am employed, my employment will be for no definite period of time. I understand that my employment may be terminated at-will with or without cause, and with or without notice, at the option of either the organization or me.

I authorize all persons or businesses contacted by or on behalf of the organization about me or my application to disclose any and all performance reviews, reports, and other documents and information related to my background, work history and qualifications, without giving me prior notice of such disclosure. I also authorize the persons named herein as references and others of whom the franchisee may inquire about my background to provide the organization with any pertinent information they may have regarding me.
By signing below, I fully release the organization, my former employers and all other persons, and businesses from any and all claims, demands or liabilities arising out of or in any way related to such references or disclosures.

_____ _____

Date Applicant Signature

This Center of Hope Ministry is an equal employment opportunity employer and considers all applicants without regard to race, color, religion, national origin, ancestry, citizenship, sex, pregnancy, age, physical or mental disability, genetic information, service in the uniformed services, and/or any other protected status, classification or factor, in accordance with the requirements of all federal, state and local laws. Applicants requiring reasonable accommodation to the application and/or interview process should notify the organization.