



APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER. The Company provides equal employment opportunity to all employees and applicants for employment without regard to race, color, religion, gender, national origin, age, disability, or status as a Vietnam-era veteran or special disabled veteran in accordance with all applicable federal, state and local laws. In addition, the Company complies with applicable state and local laws governing non-discrimination in employment in every location in which the Company has facilities. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

PLEASE TYPE OR PRINT IN INK.

Name: _____
 Street: _____
 City: _____
 Day Phone: _____
 Previous Address: _____

Date: _____
 Social Security No: _____
 How Long? _____
 State/Zip: _____
 Home Phone: _____
 How Long: _____

Position for which you are applying _____

Check the following options you would consider: Full Time: _____ Part Time: _____ Temporary: _____

If part time, specify hours or days: _____

What is your minimum salary requirement? _____ Date available for work _____

Do you have any commitments to another employer that might effect your employment with us? Yes _____ No _____

EDUCATION AND TRAINING

	School Name, City State	Degree/Major/Course of Study	Did you Graduate?
High School			Yes ___ No ___
College			Yes ___ No ___
Graduate School			Yes ___ No ___
Trade School			Yes ___ No ___

List any other education, training, speical skills or certificates/licenses that you possess related to the job: _____

List any machines or equipment on which you are qualified and experienced in operating: _____

Typing speed (words per minute) _____ Dictation speed (works per minute) _____

Do you have a valid driver's license in this state? Yes _____ No _____ DL# _____

Military experience? Yes _____ No _____ If yes, what branch? _____

Rank at separation: _____

Hope House of Austin

GENERAL INFORMATION

Can you, after employment, submit verification of your legal right to work in the U.S.? Yes _____ No _____

Are you 16 years old or over? Yes _____ No _____ If under age 18, state age: _____

Were you previously employed by Hope House of Austin? Yes _____ No _____ Dates: _____

List any relatives working for Hope House of Austin:

Have you ever been convicted of a felony, or pleaded no contest to a felony, or been convicted of a misdemeanor resulting in imprisonment or a fine over \$500 during the last ten years? (Criminal convictions are not an automatic bar to employment but will only be considered in relation to specific job requirements) Yes _____ No _____

If yes, please explain: _____

EMPLOYMENT HISTORY

List all work experience beginning with the present or most recent job.

NAME OF EMPLOYER / TYPE OF BUSINESS

ADDRESS, CITY, STATE, ZIP

DATES EMPLOYED (FROM - TO) TITLE

NAME AND TITLE OF SUPERVISOR

NAME AND TITLE OF SUPERVISOR

TELEPHONE NUMBER

MAY WE CONTACT FOR A REFERENCE

WAS EMPLOYMENT: PART TIME _____ FULL TIME _____

YES _____ NO _____

BRIEF DESCRIPTION OF DUTIES

REASON FOR LEAVING

ENDING SALARY

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YES _____ NO _____

BRIEF DESCRIPTION OF DUTIES

REASON FOR LEAVING

ENDING SALARY

REFERENCES (List three - professional or personal reference we may contact that have been known to you for at least three years.)

NAME	ADDRESS	OCCUPATION	PHONE
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- 1) _____
- 2) _____
- 3) _____

Please include any information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, language skills, activities, honors received, etc. (You may omit all information that would indicate age, sex, race, religion, color, national origin, or handicap.)

AGREEMENT (Please read the following statement carefully.) I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I authorize all persons listed above (and on the accompanying resume, if any) to give Hope House of Austin any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and Hope House of Austin from liability for any damage that may result from furnishing same to Hope House of Austin I understand that Hope House of Austin and its client have agreed that Hope House of Austin will provide workers' compensation insurance coverage for its employees. In the event of an injury in the workplace, I agree that my sole remedy lies in coverage under Hope House of Austin workers' compensation insurance policy. If employed by Hope House of Austin, I agree to conform to the rules and regulations of Hope House of Austin and its client company to which I am assigned. I further understand that my employment is "at-will" and can be terminated, with or without cause or notice, at any time, at the discretion of either Hope House of Austin or myself. I further understand that no manager or representative of Hope House of Austin or its client company, to which I am assigned, other than the President of Hope House of Austin, has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any assurance or promise of combined employment. I understand and agree that I may be required to take a drug and alcohol screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test result to Hope House of Austin for its use. I understand that any positive drug or alcohol result may preclude my employment.

Signature: _____ Date: _____