

# Employment Application

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Date of Application \_\_\_\_\_

Position Applied For: \_\_\_\_\_

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. Center of Hope Family Services (CHFS), Inc. is an Equal Opportunity Employer. Applicants are considered for all positions based on qualifications, merit, and business need without regard to race, color, citizenship status, national origin, ancestry, gender, sexual orientation, age, religion, creed, physical or mental disability, marital status, veteran status, political affiliation, military status, veteran status, employee and family genetic information or any other factor protected law.

You must complete this application, in full, to be considered for employment. If you have a resume, you may submit it to CHFS; however, you must still complete the application form.

All positions within CHFS require applicants to submit to state and/or federal criminal background checks. Additionally, some positions require applicants to submit to motor vehicle records checks and initial and periodic physical exams.

*Fields marked with an asterisk (\*) are mandatory*

<b>PERSONAL INFORMATION</b>				
First Name *	Middle Name	Last Name *		
Home Phone	Work Phone	Cell Phone	e-Mail Address *	
<b>ADDRESS</b>				
Current	Street *	City *		
	State *	Zip Code *	Since	County
<b>EDUCATION</b>				
High School / GED	Name of School / Institution	City	State	Diploma ?... <input type="checkbox"/> Yes <input type="checkbox"/> No
College / University	Name	City	State	
	Degree/Diploma/Certification	Area of Study	Diploma ?... <input type="checkbox"/> Yes <input type="checkbox"/> No	
College / University	Name	City	State	
	Degree/Diploma/Certification	Area of Study	Diploma ?... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other School / Trade School	Name	City	State	
	Degree/Diploma/Certification	Area of Study	Diploma ?... <input type="checkbox"/> Yes <input type="checkbox"/> No	

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All positions within CHFS require applicants to submit to state and/or federal criminal background checks. Additionally, some positions require applicants to submit to motor vehicle records checks and initial and periodic physical exams.

## EMPLOYMENT

Position Applied For \_\_\_\_\_ Date You Can Start \_\_\_\_\_

Desired Salary (\$) \_\_\_\_\_

Do You Prefer?...  Full-Time  Part-Time  Temporary  On Call  
 Yearly  Seasonal

Can You Work?...  Days  Weekends  Evenings

Days Available?...  Mon.  Tue.  Wed.  Thu.  Fri.  Sat.  Sun.

List schedule restrictions, if any \_\_\_\_\_

CHFS has established policies regarding the hiring of relatives or relatives, live-in partners, those in a dating relationship, members of the same household, of their spouse or live-in partner. Please note if an individual meets the explained criteria and holds a position within the organization, serves on the Board of Directors, or a committee of a related Board that sets policies.

List name(s) and type of relationship(s):

## Please answer all of the following questions :

1. Are you legally eligible to work in the United States on a full-time basis?  Yes  No  
Are you at least 18 years of age?  Yes  No  
(Proof of identity and eligibility to work in the United States is required after initial employment.)

2. Have you previously held a position at CHFS?  Yes  No  
If yes, please provide name at the time of employment, dates, and locations \_\_\_\_\_

3. Are you available to work?... Full-Time  Yes  No Part-Time  Yes  No Temporary  Yes  No

4. How did you find out about the position you are applying for?  
Check all those that apply:

Friend or Relative  CHFS Employee  Employment Agency  
 Internet  College or School  Newspaper Advertisement  
 Other (Please explain)

Please provide details of selection(s) \_\_\_\_\_

5. Have you been convicted of a criminal offense other than a minor traffic violation?  Yes  No  
(Conviction will not necessarily disqualify applicant from employment.)

If yes, when? \_\_\_\_\_ Where: \_\_\_\_\_

Reason: \_\_\_\_\_

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## EMPLOYMENT EXPERIENCE

Current / Most Recent

Employer\* \_\_\_\_\_  
City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone # \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Position Held \_\_\_\_\_ Supervisor\* \_\_\_\_\_  
Pay Upon Leaving (\$) \_\_\_\_\_ Duties \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_ May we contact this employer?  Yes  No

Employer

Employer \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone # \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Position Held \_\_\_\_\_ Supervisor \_\_\_\_\_  
Pay Upon Leaving (\$) \_\_\_\_\_ Duties \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_ May we contact this employer?  Yes  No

Employer

Employer \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone # \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Position Held \_\_\_\_\_ Supervisor \_\_\_\_\_  
Pay Upon Leaving (\$) \_\_\_\_\_ Duties \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_ May we contact this employer?  Yes  No

## SKILLS

Skills *Skills related to the job you are applying for.*

Professional Designations

Additional related skills *Please feel free to add any additional skills you possess that may not be related to the job you are applying for.*

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## REFERENCES

(Please list persons familiar with your past work/professional experience.)

Reference 1

Name

Address

Phone Number

Relationship

Years Acquainted

Reference 2

Name

Address

Phone Number

Relationship

Years Acquainted

Reference 3

Name

Address

Phone Number

Relationship

Years Acquainted

## RESUME

You may attach a current copy of your resume to this application.

### AGREEMENT - MUST READ before signing

Applicant's Certification Agreement

1. 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.
2. I authorize the investigation and verification of all statements contained herein, as well as any statement I've made to CHFS during the selection process. I further authorize CHFS to conduct reference checks with the employers which I've so authorized above, and further authorize the checking of other references that I've listed on this application form or otherwise provided. I authorize such persons and past employers to give to CHFS any relevant information concerning my employment, character and any other pertinent information they may have. I further release and agree to hold harmless CHFS and all parties providing information from all liability for any claim or damage that may result from furnishing such information to you.
3. I further understand that if I am hired, except as specified within a current and applicable labor contract, CHFS is an 'at-will' employer, and neither myself nor CHFS has entered into a contract regarding the duration of my employment. I am free to terminate my employment with CHFS at any time, with or without reason.
4. Likewise, CHFS reserves the right to terminate my employment, transfer or demote me, or change the terms and conditions of employment at any time for any reason with or without cause and with or without notice and nothing the CHFS policies, procedures, or practices including performance appraisals or disciplinary measures should be construed to confer any right upon my continued employment.
5. I also understand that no employee of CHFS can enter into an employment contract for a specified period of time, or make any agreement contrary to this policy without written approval from the Executive Director.
6. I understand that by typing my name in the signature box below and submitting this application electronically, this becomes a legal and binding document.

Signed By\*

*Typing your full name above signifies agreement to the terms and conditions listed above.*