

Hope Alive Inc. Employment Application Form

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

Initials _____

APPLICATION FOR EMPLOYMENT

Application must be completed, even if attaching a resume.

PLEASE COMPLETE PAGES 1-6. DATE: _____

Name: _____

Last
First
Middle
Maiden

Present address: _____

Number
Street
City
State
Zip

Telephone #: _____ Social Security No.: _____

Alternative Telephone: _____

Position applied for (1): _____
 and salary desired (2) _____
 (Be specific)

Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? : _____ Can you work nights?: _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION (Complete mailing address) | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|------------------------|----------------|--|---------------------------|----------------|
| High School | | | | |
| College- Undergraduate | | | | |
| College- Graduate | | | | |
| Professional School | | | | |

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

Initials _____

APPLICATION FOR EMPLOYMENT

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

| | | | |
|--|-------------------------|------------------|---------------|
| Name of employer: Address: City, State, Zip Code: Phone number: | Name of last supervisor | Employment dates | Pay or salary |
| | | From: | Start: |
| | | To: | Final: |
| Your last job title: | | | |

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

| | | | |
|--|-------------------------|------------------|---------------|
| Name of employer: Address: City, State, Zip Code: Phone number: | Name of last supervisor | Employment dates | Pay or salary |
| | | From: | Start: |
| | | To: | Final: |
| Your Last Job Title: | | | |

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Initials _____

APPLICATION FOR EMPLOYMENT

Work experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

| | | | |
|--|-------------------------|------------------|------------------|
| Name of employer: Address: City, State, Zip Code: Phone number: | Name of last supervisor | Employment dates | Pay or salary |
| | | From: To: | Start: Final: |
| | Your last job title: | | |

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

| | | | |
|--|-------------------------|------------------|----------------|
| Name of employer Address City, State, Zip Code Phone number | Name of last supervisor | Employment dates | Pay or salary |
| | | From To | Start Final |
| | Your last job title | | |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

Are you available for an interview? Yes No If yes, when? _____

PLEASE READ CAREFULLY BEFORE YOU SIGN

APPLICATION CONSENT AND WAIVERS

I authorize the investigation of all statements herein and release Hope Alive, Inc. and all others from liability in connection with same. In consideration of my employment, if I am employed, I agree to conform to the organizational policies and procedures which include all employment policies of Hope Alive Inc. I understand that, if employed, I will be an at-will employee and that any agreement to the contrary must be in writing and signed by the Executive Director with authorization from the Board of Directors of Hope Alive, Inc.

I certify that I have and will provide information throughout the selection process including on this application for employment and in interviews with Hope Alive, Inc. that it is true, correct, and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have and will not withhold any information that would unfavorably affect my application for employment. I understand that any misrepresentations or omissions may be cause for my immediate rejection as an applicant for a position with Hope Alive, Inc. OR my termination IF employed by Hope Alive Inc.

I hereby consent to permit Hope Alive Inc. to contact anyone it deems appropriate to investigate or verify any information provided by me, to discuss my suitability for employment, background, past performance, education or related matters. I expressly give my consent to any discussions regarding the foregoing and I voluntarily and knowingly waive all rights to bring an action for defamation, invasion of privacy, or similar causes of action against anyone providing or seeking such information.

I understand that Hope Alive, Inc. requires a criminal background check and give consent to Hope Alive, Inc to conduct a criminal records check and/or a consumer credit check to verify my suitability for employment

I understand that Hope Alive Inc. requires the successful completion of a urinalysis for drug testing purposes and/or a blood alcohol test as a condition of employment.

Signature of applicant _____ Date: _____

I hereby authorize the educational institutions listed on the Employment Application to release a copy of my official transcript of my academic record:

Signature of applicant _____ Date: _____

SSN#: _____ Last Name on Transcript: _____

Hope Alive Inc. is an equal opportunity employer and affords equal opportunity to all applicants for all positions.

Please Read Carefully Before You Sign

“Under Maryland Law, and employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.00”

Signature _____

Date _____

Please note that this statement must be attached to all employment applications in the State of Maryland.