

Hosanna House, Inc. Application for Employment An Equal Opportunity Employer

To be considered an applicant, you must complete this form. A resumé may also be attached. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for your signature.

Personal Information:

Name:				
	Last	First	Middle	Other Names Used
Address:				
	Street	City	State	Zip
Telephone: () () ()				
	Home	Cell	Message	
Email Address:				
Webpage Address(es):				

Position Applying For:

Job Title:		
Are you applying for:	What shifts will you work?	May We Contact Present Employer?
<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp/Seasonal	<input type="checkbox"/> Days <input type="checkbox"/> Nights	<input type="checkbox"/> Yes <input type="checkbox"/> No
Available Start Date:		Minimum Acceptable Salary:

Legal Eligibility:

Are you legally eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> (Federal Law requires proof of identity and employment authorization for all new employees.)
Can you travel if the job requires it? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> State: _____

Education/Training

School	Name	Location	Dates Attended From / To:	Diploma, Degree & Major	Graduated?
High School					
College					
Other (Business, Vocational, Military)					

Employment History (Please Start With the Most Recent, Ending With Age 18, Excluding Part-Time Positions Held While Obtaining Higher Education—Use Additional Paper as Necessary.):

Employer: _____

Address: _____

Street City State Zip

Telephone: () Supervisor Name: _____

Dates From: To: Final Rate of Pay: _____

Position Held: _____

Primary Duties: _____

Reason for Leaving: _____

Next Employer:

Employer: _____

Address: _____

Street City State Zip

Telephone: () Supervisor Name: _____

Dates From: To: Final Rate of Pay: _____

Position Held: _____

Primary Duties: _____

Reason for Leaving: _____

Next Employer:

Employer: _____

Address: _____

Street City State Zip

Telephone: () Supervisor Name: _____

Dates From: To: Final Rate of Pay: _____

Position Held: _____

Primary Duties: _____

Reason for Leaving: _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

Technology Skills (List All Skills & Software Applications You Have Experience Using):

Word Processing:
 Spreadsheet:
 Other Software:
 Database:
 Microsoft Office? Yes No PowerPoint? Yes No
 Scanner? Yes No Copier? Yes No
 Digital Phone Systems? Yes No
 Explain Internet Skills, Including Email Usage:
 Professional Licenses or Certificates Held:

Personal Reference (Please list the names of three (3) persons not related to you by blood or marriage.)

Name: _____
 Last First Middle
 Address: _____
 Street City State Zip
 Telephone: () ()
 Home Other
 Connection To You (i.e. friend, co-worker): _____ Occupation: _____

Personal Reference

Name: _____
 Last First Middle
 Address: _____
 Street City State Zip
 Telephone: () ()
 Home Other
 Connection To You (i.e. friend, co-worker): _____ Occupation: _____

Personal Reference

Name: _____
 Last First Middle
 Address: _____
 Street City State Zip
 Telephone: () ()
 Home Other
 Connection To You (i.e. friend, co-worker): _____ Occupation: _____

Have you ever applied to / worked for Hosanna House before? Yes No
 If yes, please explain (include date): _____
 Do you have any friends, relatives, or acquaintances working for Hosanna House? Yes No
 If yes, state name and relationship: _____
 If hired, would you have transportation to/from work? Yes No
 Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) Yes No

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Yes No

If hired, are you willing to submit to and pass a controlled substance test? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(Note: Hosanna House, Inc. complies with the ADA and will consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Have you ever been arrested or convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please describe the criminal offense and the court's disposition.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Acknowledgement – Please read before signing

I certify that the foregoing information is true, correct, and complete to the best of my knowledge. I authorize investigation of all statements I have made on this application for employment as may be necessary to arrive at an employment decision.

I understand that any false, misleading, or incomplete statements I have knowingly provided herein may be cause for disqualification or if employed, dismissal and/or legal action. I understand that this application is not intended to be either a contract of employment or a guarantee of promotional opportunities.

If employed, I understand that such employment is at will and may be terminated by the corporation at any time. The applicant understands that nether this document nor any offer of employment from this employer constitutes an employment contract unless a specific document is executed in writing by the employer and employee jointly. Any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon. Just as an employee may resign for any reason, the employer may also terminate the employee for any reason.

As a condition of employment, I accept the principles that the welfare of the organization depends upon the conduct and honesty of its employees and the trust and confidence of the public in general. Hosanna House, Inc. (HHI) expects honesty, security and confidentiality from all employees.

TODAY'S DATE: _____

If employed, I agree to inform the management of the organization, without delay, of any fraud, false entry, substantial error, embezzlement or employee misconduct, which I discover or know to have taken place upon any records, property or funds of the organization, and to report any transaction or matter that seems damaging to the organization.

On the first day of employment, I agree to furnish HHI with proof of age, appropriate academic credentials, military separation papers, professional certifications, and other such documents as may be required.

I hereby authorize HHI and/or its designee's permission and authority to conduct a background investigation and reference checks concerning my past and current activities. I agree and consent to any investigation HHI and/or its designees may make, including but not limited to, information as to my personal character, general reputation, former employment, education, driving history, criminal history, and any other information contained in public records or obtainable from former employers or references, personal or business. I also understand various clearances may be required as a condition of employment.

Date: _____ Signature: _____

Social Security Number: _____ Date of Birth: _____

Drivers License Number: _____ State of Issue: _____