

ABILENE HOPE HAVEN, INC.
APPLICATION FOR EMPLOYMENT
An Equal Opportunity/ Affirmative Action Employer

If you need assistance in completing the employment application, please inquire at the Administrative office. Abilene Hope Haven may conduct pre-employment qualification testing and personal interviews in the application process. If you believe you will require reasonable accommodation (e.g., interpreter, TDD, scheduling adjustments) in the application process, please inform the Administration Office in writing when you submit your application. Resumes are encouraged and may be submitted with the application, but not in lieu of the application.

PERSONAL DATA

(Last name) _____ (First Name) _____ (Initial) _____

(Street Address, RFD, or P.O. Box) _____

(City) _____ (State) _____ (Zip Code) _____

Phone Number (____) _____ E-mail Address _____

Position(s) Applied For _____

When would you be available to start work? _____

Check each type of work you will accept:

Regular Temporary Part-time Full-Time

If applying for a shift supervisor position, check the shifts that you are available:

Monday-Friday: 7a.m.-3p.m. 3p.m-11p.m. 11p.m-7a.m

Saturday/Sunday: 11a.m.-11p.m. 11p.m.-11 a.m.

Have you filled out an application here before? YES NO Date: _____

Have you ever been employed here before? YES NO Date: _____

Are you or your spouse related to any officer or employee of this employer?

YES NO

Minimum Acceptable Salary: \$ _____ per _____

EDUCATION AND TRAINING

Name and Schools Attended and Location	Dates Attended	Average Grades	Major Field	Degree Received

Skills: The following space is provided for other information concerning special training, interests, career goals, or any other data you wish to provide.

Computer Software (Specify) _____
 Xerox or copier
 Tutoring for Math, Reading, History, Spelling, Writing, or Science
 Calculator
 Household-type Equipment
 Other: _____

EMPLOYMENT EXPERIENCE: List each position held. Start with your present or most recent assignment and work backward. If you need additional space, please continue on separate sheet(s) of paper. In the column at the right, describe your assignments. Attach additional sheets as necessary.

May inquiry be made of your present employer? Yes No

Employer	From	To
Address	Dates:	
Job Title	Summary of Job Duties	
Supervisor		
Reason for Leaving	Starting Salary::	Ending Salary:
Employer	From	To

	Dates:	
Address		
Job Title		
Supervisor		
Reason for Leaving	Starting Salary:	Ending Salary:
Employer	From	To
	Dates:	
Address		
Job Title		
Supervisor		
Reason for Leaving	Starting Salary:	Ending Salary:
Employer	From	To
	Dates:	
Address		
Job Title		
Supervisor		
Reason for Leaving	Starting Salary:	Ending Salary:

ADDITIONAL INFORMATION: By law, you must be authorized to work in the United States in order to be employed by this employer. If you are one of the following, please check this box:

A citizen or a national of the United States

An alien lawfully admitted for permanent residence

An alien authorized by the Immigration and Naturalization Service to work indefinitely in the United States.

Have you ever been convicted of a felony or other crime? Yes No

If YES, please explain on the reverse side of page.

The position for which you are applying requires the operation of a motor vehicle. Do you have a current Texas Driver's License?

Yes No License No. _____

Type of License: Operator Commercial Chauffer

REFERENCES: List at least three persons not related to you who are qualified to describe your capabilities for the position you seek.

NAME	ADDRESS	PHONE	OCCUPATION

I certify that the statements and information contained herein are true, complete, and correct to the best of my knowledge. I authorize any former employer to release to this employer or its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment and that I am responsible for providing legal documents verifying my identity and eligibility for employment. In addition, I understand that, if selected for an interview, true copies of all degrees, certificates, or licenses listed on this application will be required before an employment decision can be made. A photocopy of this authorization shall be valid as the original.

I understand and agree that, if hired, my employment is for not definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, and that intentional misrepresentation on my application or during the interview process will subject me to immediate discharge. I also understand that only written representation and promises of this employer will be enforceable.

I also hereby authorize Abilene Hope Haven, Inc. or its representative to perform any and all background or criminal record checks deemed appropriate in order to determine my suitability as a new worker, staff, or volunteer.

Signature of Applicant: _____ **Date:** _____