

Hope House Inc.

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Employment Application

Position Sought	Position Title	Program:																									
Personal Identification	Name (First, Last, MI)																										
Street Address		City																									
State	Zip Code	Home Phone:	Cell Phone:																								
<p>1. Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. If hired, can you provide proof of citizenship, U.S permanent residency, or authorization to work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer "YES" To any of the following questions, provide details under the REMARKS section below. Answers to the questions below do not automatically bar you from employment. However your failure to answer any of these questions or to provide details will significantly delay determination concerning your qualifications and may bar you from consideration for employment opportunities.</p> <table border="0"><thead><tr><th></th><th>YES</th><th>NO</th><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>3. Have you ever been discharged or dismissed for reasons other than lack of work or funds?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>4. Have you ever resigned from any employment rather than face dismissal?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>5. Is additional information relative to change of name, use of assumed name or nickname necessary to verify your employment?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>6. Have you ever been convicted of, or pleas bargained any crime, offense or violation?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>7. Are you now facing legal action for any crime, offence or violation?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>8. Can you conform to our Smoking Policy?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>					YES	NO		YES	NO	3. Have you ever been discharged or dismissed for reasons other than lack of work or funds?	<input type="checkbox"/>	<input type="checkbox"/>	4. Have you ever resigned from any employment rather than face dismissal?	<input type="checkbox"/>	<input type="checkbox"/>	5. Is additional information relative to change of name, use of assumed name or nickname necessary to verify your employment?	<input type="checkbox"/>	<input type="checkbox"/>	6. Have you ever been convicted of, or pleas bargained any crime, offense or violation?	<input type="checkbox"/>	<input type="checkbox"/>	7. Are you now facing legal action for any crime, offence or violation?	<input type="checkbox"/>	<input type="checkbox"/>	8. Can you conform to our Smoking Policy?	<input type="checkbox"/>	<input type="checkbox"/>
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REMARKS	Attach additional sheets if necessary																										
<hr/> <hr/> <hr/> <hr/>																											
Please state the names of relatives currently employed by Hope House Inc:_____																											

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EDUCATION	Name & Location	Did You Graduate?									
HIGH SCHOOL OR EQUIVALENCY		<input type="checkbox"/> YES	No. of Years credited	No. of credits received	Courses or major	Type of Degree granted					
		<input type="checkbox"/> NO									
COLLEGE, UNIVERSITY		<input type="checkbox"/> YES	_____	_____							
		<input type="checkbox"/> NO									
PROFESSIONAL, TECHNICAL		<input type="checkbox"/> YES	_____	_____							
		<input type="checkbox"/> NO									
PROFESSIONAL LICENSES/ CERTIFICATES	Trade or Profession										
	License Issued by _____ License Number _____										
DRIVER'S LICENSE	It is Hope House's policy to verify driver's license information for those employees who will have access to an agency vehicle.										
Driver license no:		State:		Expiration Date:							
EMPLOYMENT HISTORY	List the positions you have held in the last 5 years. Also indicate other experience including military service relevant to the position for which you are applying (use additional sheets if necessary.)										
1. Name, Address & Telephone Number of Employer:			May we contact? Yes No			2. Name, Address & Telephone Number of Employer:			May we contact? Yes No		
_____						_____					
_____						_____					
From (Mo./Yr)	To (Mo./Yr.)	Supervisor	From (Mo./Yr)	To (Mo./Yr.)	Supervisor						
Reason for leaving:			Reason for leaving:								
_____			_____								
Title:		Hours per Week:	Title:		Hours per Week:						
Description of duties:			Description of duties:								
_____			_____								
_____			_____								

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EMPLOYMENT HISTORY CONTINUED					
3. Name, Address & Telephone Number of Employer:			May we contact? Yes No		
From (Mo./Yr)	To (Mo./Yr.)	Supervisor	From (Mo./Yr)	To (Mo./Yr.)	Supervisor
Reason for leaving:			Reason for leaving:		
Title:		Hours per Week:	Title:		Hours per Week:
Description of duties:			Description of duties:		
5. Name, Address & Telephone Number of Employer:			May we contact? Yes No		
From (Mo./Yr)	To (Mo./Yr.)	Supervisor	From (Mo./Yr)	To (Mo./Yr.)	Supervisor
Reason for leaving:			Reason for leaving:		
Title:		Hours per Week:	Title:		Hours per Week:
Description of duties:			Description of duties:		
6. Name, Address & Telephone Number of Employer:			May we contact? Yes No		
From (Mo./Yr)	To (Mo./Yr.)	Supervisor	From (Mo./Yr)	To (Mo./Yr.)	Supervisor
Reason for leaving:			Reason for leaving:		
Title:		Hours per Week:	Title:		Hours per Week:
Description of duties:			Description of duties:		
Has your license/ credential been revoked or suspended in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA If Yes, please explain: <div style="border-bottom: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>					
Were you previously employed by Hope House? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please indicate dates and position: <div style="border-bottom: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>					

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REFERENCES	List three business/ work references who are not related to you:
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Name	Title & Organization	Phone Number	Years Known
1.			
2.			
3.			

PERSONAL INFORMATION RELEASE

I authorize any former or present employer, Military Record Center and any former school to provide Hope House any and all information including, but not limited to information as to my character, work habits, work performance and/or education, thereby releasing and discharging said institutions from any claims, liabilities or damage.

I understand that any offer of employment is contingent upon satisfactory results of a criminal background check, satisfactory completion (or results) of a any applicable medical examination (s), health assessment (s), receipt of satisfactory references, and other criteria as determined by the program into which I am being hired.

If I am applying for a position in which I will have the potential for regular and substantial contact with children, I understand that my name will be submitted to the New York State Central Register of Child Abuse and Maltreatment to determine if I am the subject of an indicated report of child abuse or maltreatment.

I further declare that the answers on this application are true and correct to the best of my knowledge. I understand that a false statement, knowingly made, or omission of information may be cause for a bar or dismissal from employment.

Applicant's Signature

Date

PERSONAL PRIVACY PROTECTION NOTIFICATION

The information you are providing on this application is being requested for the purposes of determining eligibility for employment, administering employee benefit programs and administering other authorized employment programs pursuant to local, state or federal law. Failure to provide the requested information may, in the sole discretion of Hope House, prevent your initial hiring or result in the termination of your employment. If hired, the information will be filed in you personnel folder or separately authorized medical files maintained by the Director of Human Resources, Hope House, 573 Livingston Ave, Albany, NY 12206

HOPE HOUSE IS AN EQUAL OPPORTUNITY EMPLOYER

New York State Law prohibits discrimination based on age, race, creed, color, national origin, religion, sexual orientation, military status, sex, disability, marital status, prior arrest or conviction record.

If you have questions regarding reasonable accommodations, contact the Director of Human Resources at
(518) 482-4673