



# APPLICATION for EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER. The Company provides equal employment opportunity to all employees and applicants for employment without regard to race, color, religion, gender, national origin, age, disability, or status as a Vietnam-era veteran or special disabled veteran in accordance with all applicable federal, state and local laws. In addition, the Company complies with applicable state and local laws governing non-discrimination in employment in every location in which the Company has facilities. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

PLEASE TYPE OR PRINT IN INK. Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Street \_\_\_\_\_ How Long? \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Previous Address \_\_\_\_\_ How Long? \_\_\_\_\_

Email Address \_\_\_\_\_

Position for which you are applying? \_\_\_\_\_

Check the following options you would consider \_\_\_\_\_ Full Time; \_\_\_\_\_ Part Time; \_\_\_\_\_ Temporary?  
 If part time, specify hours or days: \_\_\_\_\_

What is your minimum salary requirement? \_\_\_\_\_ Date available for work? \_\_\_\_\_

Do you have any commitments to another employer that might affect your employment with us? \_\_\_\_\_

## EDUCATION AND TRAINING

	Print School Name, City and State	Degree/Major/Course of Study	Did you Graduate? Yes/No
<b>High School</b>			
<b>College</b>			
<b>Graduate School</b>			
<b>Trade School</b>			

List any other education, training, special skills or certificates/licenses that you possess related to the job  
 \_\_\_\_\_

List any machines or equipment on which you are qualified and experienced in operating \_\_\_\_\_  
 \_\_\_\_\_

Typing speed (words per minute) \_\_\_\_\_ Dictation speed (words per minute) \_\_\_\_\_

Do you have a valid driver's license in this state? \_\_\_\_\_ Yes \_\_\_\_\_ No DL#: \_\_\_\_\_

Military experience? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what branch? \_\_\_\_\_

Rank at separation \_\_\_\_\_

# Hope House of Austin

## GENERAL INFORMATION

Can you, after employment, submit verification of your legal right to work in the U.S.?  Yes  No

Are you 21 years old or over?  Yes  No If under 21, state age \_\_\_\_\_

Were you previously employed by Hope House of Austin? \_\_\_\_\_ Dates \_\_\_\_\_

List any relatives working for Hope House of Austin

\_\_\_\_\_

Have you ever been convicted of a felony, or pleaded no contest to a felony, or been convicted of a misdemeanor resulting in imprisonment or a fine over \$500 during the last ten years? (Criminal convictions are not an automatic bar to employment but will only be considered in relation to specific job requirements.)

Yes  No If yes, explain \_\_\_\_\_

## EMPLOYMENT HISTORY

List all work experience beginning with the present or most recent job (use back of application, if necessary).

NAME OF EMPLOYER TYPE OF BUSINESS ADDRESS CITY STATE ZIP

DATES EMPLOYED (FROM – TO) TITLE NAME AND TITLE OF SUPERVISOR

NAME AND TITLE OF SUPERVISOR TELEPHONE NUMBER

MAY WE CONTACT FOR A REFERENCE  YES  NO WAS EMPLOYMENT  PART TIME  FULL TIME

BRIEF DESCRIPTION OF DUTIES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING LAST SALARY

\_\_\_\_\_

NAME OF EMPLOYER TYPE OF BUSINESS ADDRESS CITY STATE ZIP

DATES EMPLOYED (FROM – TO) TITLE NAME AND TITLE OF SUPERVISOR

NAME AND TITLE OF SUPERVISOR TELEPHONE NUMBER

MAY WE CONTACT FOR A REFERENCE  YES  NO WAS EMPLOYMENT  PART TIME  FULL TIME

BRIEF DESCRIPTION OF DUTIES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING LAST SALARY

\_\_\_\_\_

# Hope House of Austin

NAME OF EMPLOYER TYPE OF BUSINESS	ADDRESS CITY STATE ZIP
DATES EMPLOYED (FROM – TO) TITLE	NAME AND TITLE OF SUPERVISOR
NAME AND TITLE OF SUPERVISOR	TELEPHONE NUMBER
MAY WE CONTACT FOR A REFERENCE ____ YES ____ NO	WAS EMPLOYMENT ____ PART TIME ____ FULL TIME
BRIEF DESCRIPTION OF DUTIES	
REASON FOR LEAVING	LAST SALARY

**REFERENCES** (List three—professional or personal references we may contact that have been known to you for at least three years.) NAME AND ADDRESS OCCUPATION PHONE

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, language skills, activities, honors received, etc. (You may omit all information that would indicate age, sex, race, religion, color, national origin, or handicap.)


**AGREEMENT** (Please read the following statement carefully.) 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. I authorize all persons listed above (and on the accompanying resume, if any) to give Hope House of Austin any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and Hope House of Austin from liability for any damage that may result from furnishing same to Hope House of Austin I understand that Hope House of Austin and its client have agreed that Hope House of Austin will provide workers' compensation insurance coverage for its employees. In the event of an injury in the workplace, I agree that my sole remedy lies in coverage under Hope House of Austin workers' compensation insurance policy. If employed by Hope House of Austin, I agree to conform to the rules and regulations of Hope House of Austin and its client company to which I am assigned. I further understand that my employment is "at-will" and can be terminated, with or without cause or notice, at any time, at the discretion of either Hope House of Austin or myself. I further understand that no manager or representative of Hope House of Austin or its client company, to which I am assigned, other than the Executive Director of Hope House of Austin, has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any assurance or promise of combined employment. I understand and agree that I may be required to take a drug and alcohol-screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test result to Hope House of Austin for its use. I understand that any positive drug or alcohol result may preclude my employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Voluntary Data**

The following information is requested by the U.S. Department of Labor to monitor Hope House of Austin's compliance with Fair Employment Practice Laws. The law provides that an employer may not discriminate on the basis of this information or on the basis of whether or not it is furnished. Disclosure of the information requested is voluntary and will not affect your employment opportunities with Hope House of Austin.

If you do not wish to provide this information you may check the Decline box below.

Gender:  Male  Female

Race:  American Indian/Alaskan Native  Black  Hispanic  White

Veteran's Status:  Yes  No

Date of Birth: \_\_\_\_\_  
Month Day Year

Decline:  **I do not wish to furnish this information.**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## EMPLOYMENT BACKGROUND INVESTIGATION AUTHORIZATION

I. I understand that an investigative report may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment, criminal history records from any criminal justice agency in any or all federal, state, and county jurisdiction, and public agencies (including the Social Security Administration and the Immigration and Naturalization Service). I fully understand Casa Esperanza dba Hope House, Inc. may be requesting information from public and private sources about any of the information noted earlier in this paragraph, and I freely give my consent for Casa Esperanza dba Hope House, Inc. to do so.

II. According to the Fair Credit Reporting Act (FCRA), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a credit-reporting agency. If so, I will be notified and given the name of the agency providing that report.

III. I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original. This release is valid for most federal, state, and county agencies.

IV. I hereby authorize, without reservation, any one contacted by Casa Esperanza dba Hope House, Inc. to furnish the information described in Section I.

V. I hereby authorize, without reservation, Casa Esperanza dba Hope House, Inc. to contact my present employer for employment verification/ references.

### THE FOLLOWING TO BE COMPLETED BY APPLICANT

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Please print full name

The following information is required by law enforcement agencies and other positive identification purposes when checking public records. It is confidential and will not be used for any purposes.

\_\_\_\_\_  
Please print other name/names you have used

\_\_\_\_\_  
Social Security Number

Your social security number will only be used in order to confirm your identity for purposes of completing an accurate background investigation. Supplying your social security number is optional but is needed to complete the hiring process.

\_\_\_\_\_  
Date of Birth

The Age Discrimination in Employment Act of 1967 and the Texas Civil Rights Act prohibit discrimination based on age with respect to individuals who are at least 40 years of age. Your birthdate is required on this form in order to confirm your identity for purposes of completing an accurate background investigation and is not provided to the hiring official for any purposes in connection with consideration of your application for employment.

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Driver's License Number and State

\_\_\_\_\_  
Name as it appears on license

Have you ever been convicted of, plead guilty, or "no contest" to a crime that has or has not been expunged or removed from your record?

No  Yes **If yes, explain:** (Make sure to include the city/state/county and the year the crime occurred for each conviction.)

\_\_\_\_\_  
(Casa Esperanza dba Hope House, Inc. will consider the nature of the offense, relation to the position for which you are applying, time since conviction, and all other relevant facts and circumstances in determining whether to disqualify you from consideration.)

#### FAIR CREDIT REPORTING ACT, DRIVER'S PRIVACY PROTECTION ACT, AND ANY APPLICABLE STATE STATUTE(S) NOTICE:

In accordance with the Fair Credit Reporting Act, this information may only be used to verify a statement(s) made by an individual in conjunction with legitimate business needs. The depth of information varies from state to state. The report that will be generated for employment purposes only and in compliance with the Fair Credit Reporting Act, the Driver's Protection Act, and any applicable state statute(s).