



HOPE FOUND INC.



10410 Kensington Parkway Suite 212
Kensington MD 20895
Tel: 301 942 1401 Fax: 301 942 1402

EMPLOYMENT APPLICATION

Position Apply For: _____

Date: _____

PERSONAL INFORMATION

Name: _____
Last First Middle

Phone (Cell): _____ Alternate #: _____ Email: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____

Do you reside in the District of Columbia? YES NO How long? _____

If you answered NO, how long have you lived in your current state and county? _____

Have you been previously employed by Hope Found, Inc.? YES NO

Give dates and position: _____

Do you have a friend or relative that is employed by us? YES NO
If YES, Please give name and relationship: _____

Do you have a valid Driver's License? YES NO
If YES, please list License Expiration Date: _____

Has your driver's license ever been revoked, suspended or put on probation? YES NO
If YES, please explain why: _____

Number of moving violations in the past three years: _____

Number of traffic accidents over the past 3 years for which you were responsible? _____

Have you ever been convicted of any criminal offense? YES NO

If YES, please explain place and charge: _____

Has a civil or criminal complaint ever been filed against you, alleging physical or sexual abuse by you?

YES NO

If YES, please explain why: _____

How were you referred to us? _____

What inspire you to apply for a position at Hope Found Inc.?

EDUCATIONAL HISTORY

List school name and location, years completed course of study and any degrees earned.

	Institution Name	Year Completed	Field of Study	Graduate or degree
High School				
College/University				
Technical Training				
Other:				

TRAINING, SPECIAL SKILLS, AND QUALIFICATIONS

Do you have special certification in related fields? _____

Please list all technical special skills or education honors, certificates, or licenses not previously listed:

Indicate any other language you speak fluently: _____

Are you proficient in sign language? _____

What you consider to be your main qualifications for being successful in the job for which you are applying.

Briefly describe any additional skills, knowledge or experience you have which may be of value to a career at Hope Found Inc.

EMPLOYMENT AND CONTRACT HISTORY

Please list all employment information and contract relationships, including work at host homes, you have had for the past 7 years, and explain any gaps in dates.

I. Current Employer/Contract Agency: _____

Address: _____
Street City State Zip code

Phone: _____

Are you an employee or contractor? _____ Salary: _____ Month/year

employment/contract began: _____

Month & year employment/contract ended: _____

Briefly describe your position and duties:

Supervisor/Contact: _____

Reason for leaving/ending contract: _____

May we contact your current employer/contract agency? YES NO

II. Previous Employer/Contract Agency: _____

Address: _____
Street City State Zip code

Phone: _____

Are you an employee or contractor? _____ Salary: _____ Month/year

employment/contract began: _____

Month & year employment/contract ended: _____

Briefly describe your position and duties:

Supervisor/Contact: _____

Reason for leaving/ending contract: _____

May we contact your current employer/contract agency? YES NO

III. Previous Employer/Contract Agency: _____
Address: _____
Street City State Zip code
Phone: _____
Are you an employee or contractor? _____ Salary: _____ Month/year
employment/contract began: _____
Month & year employment/contract ended: _____

Briefly describe your position and duties:

Supervisor/Contact: _____
Reason for leaving/ending contract: _____
May we contact your current employer/contract agency? YES NO

IV. Previous Employer/Contract Agency: _____
Address: _____
Street City State Zip code
Phone: _____
Are you an employee or contractor? _____ Salary: _____ Month/year
employment/contract began: _____
Month & year employment/contract ended: _____
Briefly describe your position and duties:

Supervisor/Contact: _____
Reason for leaving/ending contract: _____
May we contact your current employer/contract agency? YES NO

V. Previous Employer/Contract Agency: _____
Address: _____
Street City State Zip code
Phone: _____
Are you an employee or contractor? _____ Salary: _____ Month/year
employment/contract began: _____
Month & year employment/contract ended: _____

Briefly describe your position and duties:

Supervisor/Contact: _____
Reason for leaving/ending contract: _____
May we contact your current employer/contract agency? YES NO

EMERGENCY CONTACTS

Name: _____

Relationship: _____

Address: _____
Street
City
State
Zip code

Cell Phone

Work phone

Home Phone

Name: _____

Relationship: _____

Address: _____
Street
City
State
Zip code

Cell Phone

Work phone

Home Phone

REFERENCES

Please provide the following information for two business and two personal references of persons not related to you:

Name Street Address City, State, Zip	Years known	Relationship	Home Phone Work Phone
Business Reference 1. _____ _____			H _____ W _____
Business Reference 2. _____ _____			H _____ W _____
Personal Reference 3. _____ _____			H _____ W _____
Personal Reference 4. _____ _____			H _____ W _____

INFORMATION TO THE APPLICANT

I certify that the above is correct and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts calls for hereon; receipt of unsatisfactory references or failure to pass the prescribed physical examination will be sufficient for cancellation of consideration of employment or dismissal from Hope Found Inc. Once employed, I agree that any ideas, inventions, improvements or contracts made or conceived by me during any employment resulting from application relating to Hope Found Inc. activities or work I perform for Hope Found Inc., shall be the sole property of Hope Found Inc.

Furthermore, I hereby authorize Hope Found, Inc. to contact, obtain, and verify the accuracy of information contained in this request from all previous employers, educational institutions, and references. I also hereby release from liability Hope Found, Inc. and its representatives for seeking, gathering, and using such information to make decisions concerning my status as an employee of Hope Found, Inc. and all other persons or organizations for providing such information. I understand that any misrepresentation or omission of material fact on this application form, or in the course of the application process, may prevent me from being employed with or, if employed, may be cause for the immediate termination of said contract.

Applicant Signature: _____

Date: _____

HOPE FOUND IS A DRUG FREE WORK PLACE

The unlawful manufacture, distribution, dispensing, possession or use of controlled substances is prohibited at Hope Found, Inc. A random drug test will be administered to find determine whether the staff continues to remain drug free.

Any staff that is found dispensing, using drugs or refuses to take a drug test will be terminated.

EMPLOYEE NAME (Please Print):

EMPLOYEE SIGNATURE:

DATE:

STATEMENT ON CRIMINAL MATTERS

EMPLOYEE NAME (Please Print):

EMPLOYEE SOCIAL SECURITY NUMBER:

This is a sworn statement affirming that there are no criminal matters pending against me and I strongly deny the existence of any relevant convictions.

EMPLOYEE SIGNATURE:

DATE:

Availability Schedule

Please fill out the schedule below so we can best match you to the person you will be offering support to.

Please be as detailed as possible

Days	From — Till (i.e. 3:00pm – 10:00 pm)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	