



APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of HOPE to comply with all applicable federal, state and local legislation concerning equal opportunity in employment. This information may be used to perform a background check if an offer is extended and accepted.

PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Social Security No.	Home Telephone No.
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Email Address
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code	Number of	Cell Phone No.
Can you, after employment, submit verification of your legal right to work in the United States?	Birth Date:	
Are you over 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	If hired, do you have a reliable means of transportation to get to work? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever been convicted of a felony, or for child abuse or sex-related crimes? (Do not include marijuana related convictions which occurred more than two years prior to the date of this application) <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: (A conviction will not necessarily disqualify you.)		
Please refer to the attached job description for the position to which you are applying. Are you able to perform all of these tasks with or without an accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Please describe below which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation you will need:		

EMPLOYMENT DESIRED

Type of POSITION desired:	Date Available	Salary desired
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Please refer to the attached job description for the position for which you are applying. Will you be able to work the schedule described therein without accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain		
Please refer to the attached job description for the position for which you are applying. Is there anything that would prevent you from performing this job? <input type="checkbox"/> YES If yes, please explain <input type="checkbox"/> NO		
How were you referred to HOPE: <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other (please specify below) (Please identify source below) _____ Name of Employee _____		

HOPE Helps, Inc.
 (Housing • Outreach • Prevention • Education)
 Thrift Store, Food Pantry and Resource Center
 812 Eyrie Drive, Oviedo, Florida 32765
 HOPE Chest 407-367-2989 • Main 407-366-3422 • Resource Center 321-765-4984
www.HopeHelps.org



EDUCATION AND TRAINING (Any details not on Resume)

SCHOOL NAME & LOCATION	Years Attended From To	Graduate? (Yes/No)	What Degree	Major Subject/ Total Hours (if applicable)
High School				
College/University				
Highest Degree Earned (Circle one number only): 1. High School 2. Associate 3. Bachelor				Overall College Scholastic Average

EMPLOYMENT DATA (Any details not on Resume)

Resume Attached

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST				PERSONNEL USE ONLY	
Company Name		Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)					
Supervisor (Name & Title)			Base Rate of Pay Start Final		
Description of Job Duties					
Company Name		Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)					
Supervisor (Name & Title)			Base Rate of Pay Start Final		
Description of Job Duties					

REFERENCE DATA (if not already given)

THREE REFERENCES ARE REQUIRED TO ACCOMPANY THIS APPLICATION

Name	Company/How known	Phone Number and Email

File: Z:\Forms\Finance-Payroll-Human Resources\Application for Employment

Revised: 8/29/2018

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