

HOPE ENTERPRISES, INC.
Lycoming-Clinton-Northumberland Region
 2401 Reach Road, P.O. Box 1837
 Williamsport PA 17703-1837
 Telephone (570) 326-3745



APPLICATION FOR EMPLOYMENT

Hope Enterprises does not discriminate in hiring on the basis of race, color, religion, sex, national origin, age, disability, veteran status, or status in any other group protected by federal, state or local law. Hope is firmly committed to the policy of **Equal Employment Opportunity** and strives to ensure that no individual is denied uniform treatment in any employment practice.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three days of being hired. Failure to submit such proof within three days shall result in immediate termination of employment.

FOR OFFICE USE ONLY	
Copied to:	Date
_____	_____
_____	_____
_____	_____
Date Reference Checks Mailed:	

PLEASE PRINT

Date of Application _____

Position Applied for _____

- | | |
|---|--|
| <input type="checkbox"/> Residential Services | <input type="checkbox"/> Children's Services |
| <input type="checkbox"/> Adult Training | <input type="checkbox"/> Vocational Habilitation |
| <input type="checkbox"/> Industrial/Custodial | <input type="checkbox"/> Community Employment |
| <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Transportation |

NAME _____ Telephone (____) _____
 Last - First - Middle Cell Phone (____) _____

ADDRESS _____
 Street City State Zip

E-mail Address _____

Social Security Number _____ Are you at least 18 years old? Yes No

In what school district do you reside? _____

Did you file an application here before? No Yes - Date(s) _____

Were you employed by Hope before? No Yes - Date(s) _____

Are you available to work - Full time Part time Evenings & Weekends Third Shift

Are you on layoff and subject to recall? No Yes

Do you have a valid, current driver's license? No Yes

If your application is considered favorably, on what date will you be available for work? _____

Have you been convicted of a crime that has not been sealed, annulled or expunged, other than a summary offense? No Yes

If yes, describe in full including date(s). Please note that a guilty plea is considered a conviction. In addition, **conviction of a felony will bar employment in most positions due to regulatory requirements.** If you are in doubt as to whether a guilty plea was for a summary offense, you should disclose the conviction. If the conviction is for a summary offense, it will not affect the decision to employ you. Conviction of a misdemeanor does not necessarily disqualify you from employment.

This application will remain current for three months after it is submitted. If you want to extend its active status beyond this period, contact the Human Resources Office at (570) 326-3745 Extension 1208.

If your education or former employment was under a different name, please indicate this where applicable and provide the name in the following sections.

EDUCATION

	High School	College/University	Graduate/Professional
School Name			
Years Completed	9 10 11 12	13 14 15 16	17 18 19 20
Diploma or Type of Degree			
Describe Course of Study			
Describe any honors received or specialized training, internships, skills and extra-curricular activities that may be helpful to us in considering your application:			

Are you a member of any job-related organizations, clubs or professional associations? (Please exclude memberships that would reveal a legally protected status).

Do you have any computer-related experience? No Yes - If yes, please list any software programs in which you are proficient.

Do you have any other experience, skills or qualifications (including volunteer activities) that you feel relate to the position for which you are applying?

REFERENCES

List three business/work references that are not related to you and are not previous employers. If this is not applicable, list three educational or personal references who are not related to you. **Provide full accurate addresses.**

Name	Full Address Street, City, State, Zip	Telephone Number	Years Known
		()	
		()	
		()	

Name _____ Social Security No. _____

EMPLOYMENT HISTORY				
Please provide a complete full and part-time employment history, including accurate addresses for reference purposes . <i>Start with your current or most recent job.</i> You may exclude organization names that indicate race, religion, gender, national origin, disability, or other protected status under federal, state or local law.				
Employer	Telephone ()	Dates Employed		Work Performed
Address - Street		From	To	
City	State Zip	Hourly Rate/Salary		
Job Title	Supervisor	From	To	
Reason for Leaving				
Employer	Telephone ()	Dates Employed		Work Performed
Address - Street		From	To	
City	State Zip	Hourly Rate/Salary		
Job Title	Supervisor	From	To	
Reason for Leaving				
Employer	Telephone ()	Dates Employed		Work Performed
Address - Street		From	To	
City	State Zip	Hourly Rate/Salary		
Job Title	Supervisor	From	To	
Reason for Leaving				
Employer	Telephone ()	Dates Employed		Work Performed
Address - Street		From	To	
City	State Zip	Hourly Rate/Salary		
Job Title	Supervisor	From	To	
Reason for Leaving				

May we contact these employers? Yes No - Indicate any employer you do not want to be contacted:

If you believe that a former employer would give you an unsatisfactory recommendation, please explain:

Have you ever been suspended without pay, forced to resign or discharged by a former employer? No Yes

CLERICAL APPLICANTS

Typing Speed (W.P.M.)

Dictation Speed (W.P.M.)

List all office machines with which you have experience:

List any additional skills you may have such as shorthand, transcription, or computer software programs with which you have experience:

APPLICANT AGREEMENT

I certify that answers herein are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal and employment history and other related matters as may be necessary now or at any time in the future in arriving at an employment decision. I further authorize and request that my current and all former employers, educational institutions and those people I have listed as references furnish Hope Enterprises, Inc. with information about my employment record, including a statement of the reason for termination of my employment, work performance abilities, and other qualities pertinent to my qualifications for employment; hereby releasing them and Hope Enterprises, Inc. from all liability and responsibility arising from any information provided.

If offered employment with Hope, I agree to submit myself to a criminal background check and to an employment physical examination, at the agency's expense and as required by licensing regulations, and to future employment physical examinations at the agency's expense, which may be required due to regulatory requirements or as a condition of my continued employment.

If Hope employs me, I understand that false or misleading information given in this application or interview(s) will result in discharge whenever discovered.

Further, I understand that I am expected to abide by all rules and regulations of Hope as provided in its Personnel Policies, and that my employment can be terminated, with or without cause, and with or without notice, at any time, at the option of either the agency or myself.



DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND, AND ACCEPT ALL TERMS OF THE FOREGOING APPLICANT AGREEMENT.

SIGNATURE OF APPLICANT: _____ **DATE:** ____ / ____ / ____

EMPLOYMENT REFERENCE REQUEST FOR APPLICANTS

Instructions to Applicants: Please **READ & SIGN ONLY at the "X"**. This form will then be completed and mailed to former employers.

I am an applicant who was/is employed by your company and am being considered for a position with Hope Enterprises, Inc. I request and authorize you to disclose the information requested on this form regarding my employment history with you, including a statement of the reason for termination, work performance, abilities and other qualities pertinent to my qualifications for employment. I hereby release you and Hope Enterprises, Inc. from all liability and responsibility arising from the information provided.

X: SIGNATURE OF APPLICANT:

FOR OFFICE USE ONLY

TO: _____ APPLICANT'S NAME: _____
SOCIAL SECURITY #: _____
EMPLOYED WITH YOU FROM _____ TO _____
DATE OF REQUEST: _____

Dear Former Employer from Hope Enterprises, Inc:

Employment with our human service agency serving individuals with developmental disabilities is contingent upon satisfactory references and, therefore, we would appreciate your response to this inquiry concerning this applicant. Please add any information about the person's work performance that you feel would help us in our evaluation. An addressed and stamped envelope is enclosed. **This information is kept strictly confidential.** If you have any questions, our Human Resources Department can be reached at 570-326-3745. Thank you!

IF THE ABOVE DATES OF EMPLOYMENT ARE INCORRECT, CORRECT DATES WERE: _____ TO _____

WAGES AT TERMINATION OF EMPLOYMENT: _____/YEAR OR _____/PER HOUR

LAST POSITION HELD WITH YOUR COMPANY: _____ FULL-TIME PART-TIME

BRIEF DESCRIPTION OF DUTIES: _____

Please rate the applicant's performance based on employment with your company

	Excellent	Good	Average	Poor	Comments
Productivity/Initiative					
Job Knowledge					
Attitude					
Honesty					
Reliability					
Attendance					

WOULD YOU REHIRE? YES NO REASON FOR LEAVING: _____

IF DISCHARGED, IF ASKED TO RESIGN, OR IF YOU WOULD NOT REHIRE, PLEASE EXPLAIN CIRCUMSTANCES:

ADDITIONAL COMMENTS:

Signature: _____ Title _____ Date _____

HOPE ENTERPRISES, INC.

**Lycoming-Clinton-Northumberland Region
And
Columbia-Montour-Snyder-Union Region**

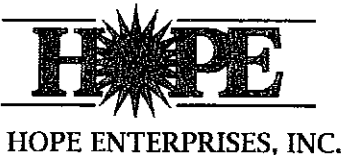
**NOTICE TO ALL APPLICANTS
FOR EMPLOYMENT**

If Hope Enterprises, Inc. offers you employment, it will be contingent upon submitting a urine sample that will be tested for the presence of controlled substances. This will be done in conjunction with the employment physical and tuberculosis testing. This test is in accordance with Hope's "***Drug, Narcotics and Alcohol Free Work Place Policy,***" a copy of which is available upon request.

Please acknowledge that you have read this notice by signing below and returning this with your Application for Employment.

Signed: _____

Date: _____



HOPE IS AN EQUAL EMPLOYMENT OPPORTUNITY (EEO) EMPLOYER

YOUR COOPERATION IN COMPLETING THIS INFORMATION IS VOLUNTARY

Hope Enterprises, Inc. does not discriminate in hiring on the basis of race, color, religion, sex, national origin, age, disability, veteran status or status in any other group protected by federal, state or local law. Hope is firmly committed to the policy of Equal Employment Opportunity and strives to ensure that no individual is denied uniform treatment in any employment practice.

Please help us comply with federal and state Equal Employment Opportunity (EEO) record keeping and reporting legal requirements by answering the following questions. The EEOC believes that self-identification is the best way for the government to understand the increasing complexity of race in America. This form is immediately separated from the Application for Employment and kept in a separate confidential file.

PLEASE PRINT

Date _____

Position(s) Applied For _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Home Phone _____ Social Security Number _____

Sex: Male Female Choose Not to Specify

Race/Ethnicity: Asian - not Hispanic or Latino
 Black or African American - not Hispanic or Latino
 Hispanic or Latino
 American Indian/Alaskan Native
 Native Hawaiian or Other Pacific Islander - not Hispanic or Latino
 Two or more races - not Hispanic or Latino
 White - not Hispanic or Latino
 Choose Not to Specify

Referral Source: Advertisement Friend Walk-In
 Career Link Relative Other - please explain:
 OVR Job Fair _____

Veteran Status: Have you served in the United States Military? Yes No

Have you ever filed an application here before? Yes * No
* If yes, provide approximate date if it was within the last 12 months _____