

## **Employment Application**

HOPE Toledo is an equal opportunity employer committed to maintaining a diverse, mission-driven workforce. We maintain that policy in recruitment, hiring, career advancement, and all other human resources practices. Your job related experience and other qualifications will be considered without discrimination on grounds of age, race, color, religion, gender/gender identity, physical or mental disability, sexual orientation, veteran or other protected status. All information in this application will be treated confidentially.

Applicant Information									
Full Name:				Date:					
	Last	First			M.I.				
Address:									
	Street Address					Apartment/Unit #			
	City				State	ZIP Code			
Home Phone:				Are you over the age	of 18?				
				, ao you oron alo ago	or ro				
Mobile Phone:				Email					
Date Availat	ole: Socia	al Security	No.:		Desired	Salary: <u>\$</u>			
Position App	blied for:								
Are you a ci	tizen of the United States?	YES	NO □	lf no, are you autho	rized to wo	YES NO prk in the U.S.?			
Have you ev	ver worked for this company?	YES	NO □	If yes, when?					
	_	Fmr	olovr	nent History		_			
Please list y gaps in em	your three most recent emplo ployment.	yers, ass	ignme	ents or volunteer activ	ities. Plea	ase attach or explain any			
Company:					_ Ph	one:			
Address:					_ Superv	isor:			
Job Title:	Starting Salary:\$				Endi	ng Salary: <b>\$</b>			
Responsibili	ities:								
From:	То:			Reason for Leaving	:				
May we con	tact your previous supervisor f	or a refere	ence?	YES NO					

						Phone:
Address:					S	Supervisor:
Job Title:		Starting Sa		Ending Salary: <u>\$</u>		
Responsibilit	ties:					
From:	То:		Reaso	n for L	eaving:	
May we cont	act your previous supervis	sor for a reference?	YES		NO	
0						Phone:
Address:					_	Supervisor:
Job Title:						Ending Salary: <b>\$</b>
	<u>.</u>					
Responsibilit	ties:					
From:	To:		Reaso	n for L	eaving:	
May we cont	act your previous supervis	sor for a reference?	YES		NO □	
		Educa	ation			
High School:		Address:				
From:	То:	Did you graduate?	YES	NO □		a:
College:		Address:				
From:	То:	_ Did you graduate?	YES	NO □	Degree	2:
Post College:		Address:				
From:	To:	Did you graduate?	YES	NO □	Degree	2:
Other:		Address:				
From:	То:	Did you graduate?	YES	NO □	Degree	x

## References

Please list three professional references. Please	ase do not list any personal friends or relatives		
Full Name:	Relationship:		
Company/Title:	Phone:		
Full Name:	Relationship:		
Company/Title:	Phone:	_	
Full Name:	Relationship:		
Company/Title:	Phone:		
	Military Service		
Branch:	From:	To:	
Rank at Discharge:	Type of Discharge:		
If other than honorable, explain:			

## **Disclaimer and Signature**

## Please read carefully before signing:

I understand that this employment application and any other HOPE Toledo documents are not contracts of employment and that any individual who is hired may voluntarily leave employment and may be terminated by HOPE Toledo at any time and for any legal reason. I understand that HOPE Toledo is an at-will employer and that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee. I further understand that HOPE Toledo can change its rules, policies, wages and benefits at any time, with or without advance notice.

The information I have provided on this application (and on the attached or previously emailed resume, if applicable) is accurate and complete to the best of my knowledge and subject to validation by HOPE Toledo. Any withholding of information or making false or misleading statements or omission on this application may result in rejection of employment, or if employed, termination of employment. Unless noted otherwise, I authorize the organizations, schools, or persons named in this application, to give HOPE Toledo any information it requests regarding my employment or academic history. I hereby release those organizations, schools, or persons from any liability for any damage whatsoever as a result of issuing this information.

In connection with my application for employment with HOPE Toledo and its Client Organizations, I hereby authorize and release from all liability, HOPE Toledo, to contact my current and/or previous employers and other references provided by me, for the purposes of establishing and verifying information related to my dates of employment, reasons for termination of past employment, educational and professional credentials, skills, experience, abilities, work habits, character and other related information.

I understand and agree that HOPE Toledo may release such information to any of its Client Organization from which I seek employment, including various federal, state, and other agencies, including public and private sources that maintain records concerning my past activities and relating to my current and/or previous employment.

I understand that HOPE Toledo will use any reference related information obtained by my current/previous employers and/or other references provided by me for the sole purpose of presenting my candidacy to its Client Organizations and for no other purpose.

In the event an offer of employment is made, the offer will be subject to my providing documentation proving identity and eligibility for employment in the United States as required by the Immigration Reform and Control Act of 1986.

Signature:

Date:

Print Name: \_\_\_\_\_