



Hope Clinic is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

**PERSONAL:**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number & Street City State Zip Code

Position Sought \_\_\_\_\_ \_\_\_ Full Time \_\_\_ Part Time

Date Available \_\_\_\_\_ Salary Desired \_\_\_\_\_ Phone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_ Yes \_\_\_ No  
(If offered employment, you will be required to provide documentation to verify eligibility.)

---

**EDUCATION:** Please indicate education or training which you believe qualifies you for the position you are seeking.

**High School:** No. of Yrs Completed (circle one) 1 2 3 4 Yr Graduated: \_\_\_\_\_

**Diploma:** \_\_\_ Yes \_\_\_ No **G.E.D.:** \_\_\_ Yes \_\_\_ No

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

**College and/or Vocational School:**

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Major \_\_\_\_\_ Degrees Earned \_\_\_\_\_

**Other Training or Degrees:**

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Course \_\_\_\_\_ Degree or Certificate Earned \_\_\_\_\_

---

**PROFESSIONAL LICENSE OR MEMBERSHIP:**

Type of License(s) Held \_\_\_\_\_

State of Texas License Number \_\_\_\_\_

License Expiration Date \_\_\_\_\_

Other Professional Memberships \_\_\_\_\_

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

**SKILLS:**

Office: Data Entry/ \_\_\_ Excel or Typewriter \_\_\_ wpm. \_\_\_ Lotus 1,2,3 \_\_\_ CRT \_\_\_ Other:

Word Processing \_\_\_ WordPerfect \_\_\_ MSWord Other \_\_\_

Other Software Skills \_\_\_\_\_

Are you Bilingual? \_\_\_ Yes \_\_\_ No? If so in what language(s) \_\_\_\_\_

**RECORD OF CONVICTION:**

During the last ten years, have you ever been convicted of a crime other than minor traffic offense?

\_\_\_ Yes \_\_\_ No

If yes, explain: \_\_\_\_\_

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

**EMPLOYMENT:** List last employer first, including U.S. Military Service.

May we contact your present employer? \_\_\_ Yes \_\_\_ No

If any employment was under a different name, indicate name \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr Mo/Yr

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_ PT \_\_\_ No. of Hrs. \_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr Mo/Yr

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_ PT \_\_\_ No. of Hrs. \_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr Mo/Yr

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_ PT \_\_\_ No. of Hrs. \_\_\_

Reason for Leaving \_\_\_\_\_

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history: \_\_\_\_\_

Have you ever been discharged or asked to resign from a job? \_\_Yes \_\_No

If yes, explain: \_\_\_\_\_

**RELATIVES:**

Are you related to anyone currently employed at Hope Clinic or to a current Board of Director by blood or marriage? \_\_Yes \_\_No

If yes, whom: \_\_\_\_\_

**REFERENCES:**

**Professional**

**Personal**

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

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

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

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

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

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Hope Clinic to verify their accuracy and to obtain reference information on my work performance. I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal. I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant \_\_\_\_\_

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