



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 _____ Are you over 18 years old? ___ Yes ___ No
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 Years Completed (circle one) 1 2 3 4 Year 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. MSWord ___ CRT ___

Word Processing ___ WordPerfect ___ MSWord Other ___

Other Software Skills _____

Are you Bilingual? ___ Yes ___ No? If so in what language(s) _____

RECORD OF CONVICTION:

Have you **ever** been convicted of a felony and or misdemeanor or any unlawful act? ___ 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 _____

Address _____

Phone (____)_____

Name _____

Address _____

Phone (____)_____

Name _____

Address _____

Phone (____)_____

Name _____

Address _____

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 nor 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: _____