



*Helping families in crisis rebuild their lives.*

1407 W 4<sup>th</sup> Street  
Red Wing, MN 55066  
Attn: Human Resources

(651)388-9360 Ex. 8  
[www.hope-coalition.org](http://www.hope-coalition.org)

## EMPLOYMENT APPLICATION

HOPE Coalition welcomes you as an applicant for employment. HOPE Coalition provides equal employment opportunities to all employees and applicants without regard to race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws.

**PLEASE PRINT USING BLUE OR BLACK INK**  
**PROVIDE ALL INFORMATION REQUESTED**

Position(s) applied for		Date of Application		
Last Name	First Name	M.I.		
Address	City	State	Zip	
Home Telephone #	Work Telephone #	Cell #		
E-mail Address				

Have you been employed with us before?  No  Yes If so, when and in what capacity?

On what date are you available to begin work? \_\_\_\_\_

When are you available to work?

Check all that apply.  Full Time  Part Time  Relief/On-call

Day's  Evenings  Overnights  Weekend

ATTACH ADDITIONAL SHEETS IF NECESSARY. (Application must be completed-Do not say see resume)

**EDUCATION**

	<b>Name and Location of School</b>	<b>Area of Study</b>	<b>Years Completed</b>	<b>Did You Graduate? Y/N</b>	<b>Degree Received</b>
<b>High School</b>					
<b>College</b>					
<b>Graduate School</b>					
<b>Other (Specify)</b>					

**EMPLOYMENT EXPERIENCE**

**While a resume may be attached to provide additional information, do not write "see resume".**

Employer		Dates Employed	
Address		May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
City		State	Zip
Telephone Number(s) Home	Work	Cell	
Job Title		Supervisor	
Reason for Leaving			
Work Performed			

Employer		Dates Employed	
Address		May we contact this employer?	<input type="radio"/> Yes <input type="radio"/> No
City		State	Zip
Telephone Number(s) Home	Work	Cell	
Job Title		Supervisor	
Reason for Leaving			
Work Performed			

ATTACH ADDITIONAL SHEETS IF NECESSARY. (Application must be completed-Do not say see resume)

Employer		Dates Employed	
Address		May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
City		State	Zip
Telephone Number(s) Home	Work	Cell	
Job Title		Supervisor	
Reason for Leaving			
Work Performed			

Employer		Dates Employed	
Address		May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
City		State	Zip
Telephone Number(s) Home	Work	Cell	
Job Title		Supervisor	
Reason for Leaving			
Work Performed			

Please describe any unsalaried/volunteer experience you believe relevant to the position for which you are applying.

Please describe any specialized training, workshops or conferences you have attended that qualify you for this position.

ATTACH ADDITIONAL SHEETS IF NECESSARY. (Application must be completed-Do not say see resume)
--

**REFERENCES**

Name	Telephone Number
Occupation	Relationship
Name	Telephone Number
Occupation	Relationship
Name	Telephone Number
Occupation	Relationship

**CERTIFICATION, ACKNOWLEDGEMENT AND RELEASE**

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, may disqualify me from consideration for employment, and constitutes grounds for immediate dismissal should I be employed by HOPE Coalition.

I acknowledge that, unless otherwise defined by applicable law, any employment relationship with HOPE Coalition is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause.

I hereby release HOPE Coalition and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of HOPE Coalition, former employers and volunteer organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information. This authorization expires one year from date of my signature.

Signature

Date

**VOLUNTARY INFORMATION**

This information is voluntary and is used for reporting purposes only.

How did you learn about this position? (Please check one)

- Red Wing Republican Eagle
- Other Newspaper: Specify \_\_\_\_\_
- HOPE Coalition Web-Site
- Other Web-Site: Specify \_\_\_\_\_
- Friend/Relative (and where they heard about it, please specify)
- \_\_\_\_\_
- Other: \_\_\_\_\_

This information will be removed from your application before it is considered for employment.  
Thank you for your participation.

**HOPE Coalition Human Resources Department use Only**

Position Posting Date	Position Closing Date
Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No	Rejection Letter Sent <input type="checkbox"/> Yes <input type="checkbox"/> No
Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Employment
Position Title	Department
Starting Wage	
Date completed by HR Department	

ATTACH ADDITIONAL SHEETS IF NECESSARY. (Application must be completed-Do not say see resume)